

University of Washington - DEPARTMENT OF GLOBAL HEALTH
Request to waive a required departmental MPH course

Student Name: _____ Email: _____

Course Number: _____ Course Name: _____

A. Waiver is requested based on one of the following:

_____ Student has covered essentially all the material in the course at a different institution. Please explain below in section B. **Transcript and syllabi must be attached.**

Course Name: _____

Institution: _____ Date: _____

_____ Student has covered essentially all the material through practical work experience. Please explain below in section B.

_____ Student has covered some of the material in the course and will substitute a more advanced or related course in the same department. Please explain below in section B.

Course Number: _____ Course Name: _____

B. Explain the basis for request:

C. Required signatures (in order). Please sign only if you concur.

1. _____
Student Signature Date

2. _____
Track Director Signature Date

3. _____
Instructor of Course for Which Waiver is Requested Date

STUDENT MUST PROVIDE COMPLETED and SIGNED FORM TO THEIR DGH STAFF ADVISOR