

**University of Washington - DEPARTMENT OF GLOBAL HEALTH  
Request to waive a required School of Public Health MPH course**

Student Name: \_\_\_\_\_ Email: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

**A. Waiver is requested based on one of the following (please check):**

\_\_\_\_\_ Student has covered essentially all the material in the course at a different institution. Please explain below in section B or attach supporting document. **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 or attach supporting document.

\_\_\_\_\_ 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 or attach supporting document.

Course Number: \_\_\_\_\_ Course Name: \_\_\_\_\_

**B. Explain the basis for request (why is request being made):**

**C. Required signatures (Signatures MUST be in numerical order). Please sign only if you concur.**

1. \_\_\_\_\_  
Student Signature Date

2. \_\_\_\_\_  
DGH Program Director Date

3. \_\_\_\_\_  
Instructor of Course for Which Waiver is Requested Date

4. \_\_\_\_\_  
Department Chair of Department in Which Course is Offered Date  
(Or Designated Representative)

5. \_\_\_\_\_  
Associate Dean of the School of Public Health Date

The Associate Dean's signature is necessary for all core courses including ENV H 510, ENV H 511, EPI 511, EPI 512, EPI 513, BIOST 511, BIOST 517, GH 511, GH 515, and HSERV 510 (Any substitutions for HSERV 510 require the professor's CV, number of contact hours and a written statement indicating how the course meets the social and behavioral science learning objectives).

**Once complete, student must submit completed form to DGH staff advisor**