

**UAB SCHOOL OF PUBLIC HEALTH
COURSE WAIVER
REQUEST FORM**

Student Name: _____ **Student Number:** _____

Student Address: _____ **City/State/Zip:** _____

This form is to be used when requesting a waiver of a course requirement indicating that a course was most likely completed as part of another degree and repeating such a course would be redundant. A waiver request must be accompanied by a written explanation for the request as well as a copy of a syllabus or course description for evaluation by the appropriate instructor. Determining course options in consultation with the advisor must make up the deficit in credit hours due to course waivers.

A COURSE WAIVER IS REQUESTED FOR

COURSE PREFIX AND NUMBER: _____	
COURSE TITLE: _____	
_____ Signature of Student	_____ Date

FOR DEPARTMENTAL AND OFFICE OF STUDENT AND ACADEMIC SERVICES USE ONLY

APPROVALS: Change is not official until approvals have been obtained.

COURSE INSTRUCTOR

ADVISOR SIGNATURE

DEPARTMENT CHAIR OR DESIGNEE

ACADEMIC AFFAIRS DEAN

**PLEASE RETURN TO
Office of Student and Academic Services
RPHB 130**

You will receive notification when request has been processed.

*Copies: Graduate School * OSAS * Department * Student*