

COURSE WAIVER FORM

- *Course waivers do not change the total amount of credit hours required for your program. Check your curriculum guides for the total hours required by your program to graduate.*
- *Courses should be replaced with alternative courses, **not with research credits.***
- *Core and Concentration Required courses for the **MPH Program** must be waived for an equivalent or higher level course in the same field of study.*

Your Name _____

Today's Date _____

UC ID # _____

Degree in which you are enrolled:

MPH
 MS
 PhD

Program in which you are enrolled **MS & PhD Students:**

- Biostatistics
- Epidemiology
- Industrial Hygiene
- Occupational Safety & Ergonomics
- Environmental Genetics & Molecular Toxicology
- Clinical and Translational Research

PUBLIC HEALTH (MPH) Concentrations:

- Biostatistics
- Environmental Health
- Epidemiology
- Global Health
- Health Education / Health Promotion
- Health Services Management
- Occupational Health

Semester in which you are completing this form:

FALL 20____
 SPRING 20____
 SUMMER 20____

COURSE TO BE WAIVED

Course Name: _____

Course Number: _____

Course Credit Hours: _____

Course Instructor: _____

COURSE TO REPLACE WAIVED COURSE

Course Name: _____

Course Number: _____

Course Credit Hours: _____

Course Instructor: _____

Advisor, Division Director, Concentration or Program Director Name:

Advisor, Division Director, Concentration or Program Director Signature:

Director, Graduate Studies:

Director, Graduate Studies Signature:

 Mary Beth Genter, PhD