SCHOOL OF PUBLIC HEALTH
UNIVERSITY AT ALBANY State University of New York

REQUEST FOR COURSE WAIVER

Date: _____

Name: _____ ID: _____

Course to be waived: CAT #: _____ Title: _____

Course to be subsituted: CAT #_____ Title: _____

Basis for request

(check one)

☐ Undergraduate Academic Experience

Comparable Course Title: _____

University or College: _____ Date/Grade: _____

Attach: Narrative Course Content Discription
Faculty Description
Transcript

☐ Work Experience

Attach: Narrative description of comparable experience.

☐ Subprogram Requirements (i.e. PMR)

Signature of Program Coordinator _____

APPROVALS

Faculty Advisor: _____ Date: _____ Y/N

Waived Course
Faculty: _____ Date: _____ Y/N

Substituted Course
Faculty: _____ Date: _____ Y/N

Academic
Sub-Committee: _____ Date: _____ Y/N

New Advisor: _____ Date: _____ Y/N

*It is recommended that the student obtain and follow the couse outline of the “waived course” and specifically describe experience with the concepts covered.