

**University of Washington School of Public Health
Course Waiver Request Form
for Courses Covering CEPH Competencies**

To submit this form for approval, the student must follow the University of Washington School of Public Health Course Waiver Process and Procedure for Courses Covering CEPH Competencies.

Student Information

Student Name _____
Student UW Email _____

Course Requested to be Waived¹

Course Number _____
Course Title _____
Course Instructor _____

Previously Taken Course (or degree conferred)²

Course Number _____
Course Title _____
Institution _____
Quarter/Semester Taken _____

Student Signature required.

Student Name (type or print) Signature Date

Student Services: Note date form received _____

Required Approval Signatures (in order of approvals needed). [Signature boxes continue on next page.]

- **Sign only if you approve. All signatures are required and should be completed in the order they are presented below.**
- All signatories, **PLEASE READ:** Before signing below, a review of all documentation is required. By signing this form, you are confirming that the student has previously received each applicable CEPH competency.

Instructor for SPH course (type or print) Signature Date

Academic Advisor (type or print) Signature Date

¹ One form per course.

² Note on next page if additional previously taken courses are applicable.

Degree Program/MPH
Common Core Director
(*type or print*)

Signature

Date

Final Required Signature for Acknowledgement of Receipt in the Office of the Dean.

Associate Dean for Education
(*type or print*)

Signature

Date

- If additional courses are applicable to this request, list them here.

Previously Taken Course Information

Course Number _____

Course Title _____

Institution _____

Quarter/Semester Taken _____

Course Number _____

Course Title _____

Institution _____

Quarter/Semester Taken _____