**University of Pittsburgh**

**GRADUATE SCHOOL OF PUBLIC HEALTH**

**BCHS Doctoral Program**

**Request for Exemption from Required Courses**

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| **1. TO BE COMPLETED BY THE STUDENT** |
| Name |  | Degree  |  |
| Course for which exemption is requested |  |
| Reason for exemption (i.e., courses, degrees, experience). Submit syllabi for courses used as the basis for this request and official transcripts of the courses, unless they are in the student’s file in the Pitt Public Health Office of Student Affairs. |
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| **2. TO BE COMPLETED BY THE ADVISOR** |
| Recommendation |  |
| Name, signature and date |  |

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| **3. TO BE COMPLETED BY THE INSTRUCTOR** |
| Recommendation | Approved |  | Disapproved |  |
| Comments (if needed) |  |
| Name, signature and date |  |

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| **4. TO BE COMPLETED BY THE DIRECTOR OF THE DOCTORAL PROGRAM** |
| Comments |  |
| Name, signature and date  |  |