



Program Core Requirement Course Waiver Form
Harvard T.H. Chan School of Public Health
DrPH Program

Instructions: Please complete a separate form for each course you are requesting to: waive without replacement (**W**) or waive with replacement of an advanced course (**R**).

Completed forms must be submitted with an **official academic transcript** and **course syllabus** of the course the student has taken that can meet the requirement. Forms and supporting documents should be submitted at least **three (3) business days before** the add/drop deadline. Courses may be waived **only** with both the instructor and the Faculty Director's approval. The student is responsible for dropping the course **before** the add/drop deadline if their waiver is approved.

Student Name: _____ Harvard ID Number: _____

Information on Course Requesting to Waive:

Course ID and Title: _____ Type of Waiver (W or R)*: _____

Reason for Request: _____

Replacement course(s) if this is for (R) type of Waiver:

First Choice

Course ID and Title: _____ Course offering Term: _____

Second Choice

Course ID and Title: _____ Course offering Term: _____

Student Signature: _____ Date: _____

It is the student's responsibility to communicate all waiver requests to your academic advisor. By signing here, you acknowledge you have provided this notification.

For Instructor:

Approve _____ Deny _____

For Program Faculty Director:

Approve _____ Deny _____