

University of Pittsburgh  
GRADUATE SCHOOL OF PUBLIC HEALTH  
Course Exemption Form

**1. TO BE COMPLETED BY STUDENT**

Name \_\_\_\_\_

Department \_\_\_\_\_ Degree \_\_\_\_\_

Course\* for which exemption is requested \_\_\_\_\_

Reason for exemption request (i.e. all course competencies previously met through completed coursework)

\_\_\_\_\_

*Students must submit copies of the syllabus and transcript for course(s) used for this request. An official transcript(s) must be on file in the Pitt Public Health Office of Student Affairs. In the fields below, indicate the course name, credit(s), and final grade and that syllabus/i and transcript(s) are attached.*

syllabus  transcript course name: \_\_\_\_\_ credit(s): \_\_\_\_\_ final grade: \_\_\_\_\_

syllabus  transcript course name: \_\_\_\_\_ credit(s): \_\_\_\_\_ final grade: \_\_\_\_\_

syllabus  transcript course name: \_\_\_\_\_ credit(s): \_\_\_\_\_ final grade: \_\_\_\_\_

**2. TO BE COMPLETED BY STUDENT'S ADVISOR**

Recommendation:  approved  denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

**3. SIGNATURE OF CORE FACULTY INSTRUCTOR**

*To locate current instructor of the course seeking exemption, see schedule of classes ([publichealth.pitt.edu/schedules](http://publichealth.pitt.edu/schedules))*

Recommendation:  approved  denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return original request, following completion of Sections 1, 2, and 3, to your department's student services coordinator, who will forward the original to the Office of Student Affairs, G009 Public Health.**

\*One exemption form per course