

**University of Pittsburgh
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)

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.

***One exemption form per course**