University of Pittsburgh
GRADUATE SCHOOL OF PUBLIC HEALTH
BCHS Doctoral Program
Request for Exemption from Required Courses

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.			

2. TO BE COMPLETED BY THE ADVISOR	
Recommendation	
Name, signature and date	

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

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