



School of Public Health Request for Waiver of a Department Policy or Regulation

Name: _____ UID: _____
E-mail: _____ Program of Study: _____
Date of Request: _____

Please complete the information below, including a brief statement outlining the reason and/or circumstances to justify your request. Attach relevant documentation if it supports your request and justification. Note that approvals must be obtained in the order listed: faculty advisor first, departmental Director of Graduate Studies second. Be sure that a copy of the completed form is given to the departmental Graduate Program Coordinator to be placed in your file.

Request for waiver to: _____

Requested for the following reasons: _____

Terms / Conditions: _____

APPROVALS:

Approved	Denied*	Pending*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Advisor Signature *Date*

*Notes: _____

Approved	Denied*	Pending*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Director of Graduate Studies Signature *Date*

*Notes: _____

- Copy to:
- (1) Student's File (with documentation)
 - (2) Student
 - (3) Advisor