DEPARTMENT OF POPULATION HEALTH SCIENCES
Course Transfer, Substitution & Waiver Form

Name ____________________________________________ Campus ID: ________________________________

Program: ______ MS/PhD Population Health ______ MS/PhD Epidemiology _________ MPH Program

Phone: ____________________________________ Email: __________________________________________

A request for course transfer, substitution, or waiver must include a cover letter summarizing the request(s) and describing the reasons for the request, this form (one form completed for each course) signed by faculty or staff advisor, and a copy of the course syllabus. Multiple requests may be submitted at the same time. Work, volunteer, and life experience may not be used as a justification for this request.

In order to be considered for a course transfer, substitution, or waiver, the following criteria must be met:
- The student must have received the grade of “B” or above.
- The course must be a graduate level course taken as a graduate student.
- The course must have been taken within the past five years.
- No more than 12 credits can be transferred into the Population Health Education Programs.

REQUEST FOR COURSE:

☐ Transfer Request to use ________________________________________________________________
Course Number College/University Grade Received Date Course Taken
which is equivalent to UW-Madison course ____________________________________________
Course Number/Title

This course will be used to meet a (circle one) CORE COURSE or ELECTIVE requirement.

☐ Substitution Request to use ____________________________________________________________
Course Number/Title College/University Grade Received Date Course Taken
as a substitution for required course ____________________________________________________
PHS Course Number/Title

☐ Waiver Request to waive MPH required course ___________________________________________
PHS Course Number/Title

Student Signature __________________________________________ Date ________________________
Faculty/Staff Advisor Signature ______________________________ Date ________________________

☐ Approved ☐ Not Approved
Curriculum Committee Representative ___________________ Date ________________________

Complete form and corresponding material and return to Barbara Duerst MAIL 736 WARF Building, 610 N. Walnut Street, Madison, WI ~ FAX 608.263.2820 ~ EMAIL barbara.duerst@wisc.edu

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