



# 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: \_\_\_\_\_

Approved  
Denied\*  
Pending\*

\_\_\_\_\_  
*Advisor Signature*

\_\_\_\_\_  
*Date*

\*Notes:

Approved  
Denied\*  
Pending\*

\_\_\_\_\_  
*Departmental Graduate Studies Director Signature*

\_\_\_\_\_  
*Date*

\*Notes:

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