Course Transfer, Substitution & Waiver Form

Name ____________________________________________ Campus ID ________________________________

Phone ____________________________________________ Email _____________________________________

List the course you have completed that you would like to use to fulfill your MPH degree requirements. Only courses receiving a B or higher will be considered. Multiple requests may be submitted. Work, volunteer, and life experience may not be used as a justification for this request. Course descriptions and syllabi must be included for each request.

REQUEST FOR COURSE:

☐ Transfer Request to use ________________________________

Course Number/Title ________________________________ College/University __________________________

Grade Received ______________________________________________________________________________

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 in the Master of Public Health degree.

☐ Substitution Request to use ________________________________

Course Number/Title ________________________________ College/University __________________________

Grade Received ______________________________________________________________________________

as a substitution for MPH required course ______________________________________________________________________________

MPH Course Number/Title __________________________________________________________________________

☐ Waiver Request to waive MPH required course ______________________________________________________________________________

MPH Course Number/Title __________________________________________________________________________

Briefly describe the reasons for your request? Additional pages may be attached if necessary.

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________

Student Signature ____________________________________________ Date ____________________________

MPH Staff Signature ____________________________________________ Date ____________________________

☐ Approved ☐ Not Approved

Curriculum Committee Representative ____________________________ Date ____________________________

Complete form and return to Heather Cote. MAIL 740A WARF Building, 610 N. Walnut Street, Madison, WI - FAX 608.263.2820 - EMAIL hmcote@wisc.edu

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