## Rollins School of Public Health CERTIFICATE WAIVER/SUBSTITUITION FORM

This form is to request a course substitution or course waiver for a RSPH certificate. A course substitution petition seeks to replace a required course and/or an approved certificate elective with another course taken at RSPH.

## **Substitution Requests:**

- a. A student may not seek a substitution for a required course they have failed.
- b. The coursework proposed must not be a required course for the MPH/MSPH degree with the exception of electives.

## **Waiver Requests:**

a. When a course is waived, additional hours must be taken to reach the required total hours for the certificate the courses must be approved by the certificate administration.

PART A: STUDENT INFO	RMATION		
Student Name:		Student ID:	
Department:			
Expected Graduation Te	rm/Year:		
Degree Plan: MPH	MSPH	Sub-plan (concentration):	
PART B: COURSE REQU	EST		
☐ Substitution  Course to be Waived or  Substituted:	□ Waiver		
Course Dept & Number	Course Title		Credit Hours
which is required for the:			
Course(s) to be used in pla	ce of substitution or waiver:		
Course Dept & Number	Course Title		Credit Hours
Course Dept & Number	Course Title		Credit Hours

ATIONALE FOR REQUEST:  In this section you will provide a rationale for requesting a course	substitution or waiver.
PART D: ASSESSMENT	
$\square$ I confirm the proposed course for substitution is not a requi	red course for my current academic plan (with th exception of electives
OR	exception of electives
$\square$ I confirm the proposed course for additional credit hours, if course for my current academic plan (with the exception of $\epsilon$	
Student Signature:	Date:
PART E: CERTIFICATE ADMINISTRATION APPRO	VAL
□ Approved	
☐ Denied course substitution/waiver Rationale:	
Certificate Director Name:	
Certificate Director Signature:	Date: