

TULANE SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Form must be typed except for signatures

All Public Health core competencies must be fulfilled to receive a degree from SPHTM. SPHTM must document how students fulfilled the core competencies if they do not take the core course. Documentation of the competencies must be placed in a student's file for graduation. <u>The waiver of a core course does not reduce the total number of credits for the degree.</u> In some cases, students may be required to take another course in that area.			
Student	s Name:	FIRST	
Student	ID#:	_ Student's email address:	
Degree:	Pro	ogram:	
Department:Faculty Advisor:		r:	
Core Course Waiver Request and Documentation:			
Instructor's Name:			
Tulane SPHTM Core Course Number and Title:			
	accredited school or prog competencies are compa (Note: Graduate courses Attach transcript course of Student is in a joint degre core area. The student is required to Student has graduate wo competencies. (Attach de or documentation of other The student is required to Student does not have gr	duate level core course for academic ram of public health with a grade of I rable. (The course may be transferred in Biostatistics do not have to be from description, competencies, syllabus a see program with approved cross-walk to take another course in this area	B or higher; the ed to SPHTM for credit.) m a school of public health.) and other documentation. ed graduate work in the YesNo allenge exam demonstrating ce on the challenge exam YesNo and passed a challenge
		o take another course in this area	_YesNo
Signatures:			
Core Course Instructor Signature			Date
Core Course Department Chair			Date
Advisor Signature			Date
Department Signature			Date

All completed course waivers should be submitted to your department.