Application for Course Exemption

UMDNJ
SCHOOL OF PUBLIC HEALTH
University of Medicine & Dentistry of New Jersey

The student must intiate the application process by providing the information requested below and returning this form to the Campus Office after appropriate Course Instructor(s) signature.

Name of Student _____ Signature _____ Date _____

ID# _____

I. Summary of all prior learning for consideration toward exemption from course or courses listed below.

_____

_____

_____

_____

II. Course Exemption:

Equivalent SPH Course #	CR. HR.	Approved/Disapproved Course Director

Exemption from this course(s) above will not reduce the number of credits required for the degree. Students should consult their advisor for appropriate replacement credits.

Department Chair _____ Date _____

Associate Dean _____ Date _____

Copies to: **Registrar's Office - White**
SPH Campus Office - Yellow
Department Chair - Pink
Student Copy - Goldenrod

Nation's First Collaborative School of Public Health

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