

REQUEST FOR EXEMPTION FROM EPID 710/712

Date: _____

From: _____
Student's Name

Degree Program: _____ Department: _____

Equivalent work being offered as basis for exemption [please provide details including, if applicable, course name, institution where course taken, grade received; details of work experience; etc. Attach course syllabus or other documentation as appropriate.].

NOTE: Exemption from the EPID 710/712 prerequisite for EPID 715 does not relieve you of the responsibility for knowing the material covered in EPID 710/712.

APPROVALS:

Advisor: _____
Signature Date

EPID 710/712 Instructor: _____
Signature Date

EPID 715 Instructor: _____
Signature Date

Submit to EPID Student Services Office, MC 2106, or epidemiology@unc.edu for signatures.