



## Application for Course Exemption

The student must initiate the application process by providing the information requested and return this form to the Office of the Registrar after appropriate Course Instructor(s) signature.

**Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_  
*Last Name First Name Middle Initial*

### I. Summary of All Prior Learning for Consideration toward Exemption from Course(s) listed below:

### II. Course Exemption Requested:

Equivalent School Course #	Credit Hours	Approved/Disapproved Rutgers Course Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

_____ Student Signature	_____ Date
_____ Academic Advisor Signature	_____ Date
_____ Department Chair/Vice-Chair/Concentration Director (SPH) Signature	_____ Date
_____ Associate Dean for Academic Affairs (SPH) Signature	_____ Date
_____ Senior Associate Dean (SGS RBHS-New Brunswick/Piscataway) Signature	_____ Date

**RETURN TO  
OFFICE OF THE  
REGISTRAR**

Copies to:  
Office of the Registrar-SPH  
Office of the Registrar-SGS  
Dept Chair/Vice-Chair/  
Conc Director  
Academic Advisor  
Student