

Gordon Hall 005, 25 Shattuck Street

Boston, MA 02115-6027

Tel 617-432-0884

Tel 617-432-2737

FAX 617-432-0179

777 Avenue Louis Pasteur, NRB 358E

Boston, Massachusetts 02115

Tel 617-432-4812

FAX 617-432-7595

dymecki@genetics.med.harvard.edu

Program Head: **Susan M. Dymecki, M.D., Ph.D**.

**Course Waiver and Substitution Form**

**Harvard Medical School**

**PhD Program in Biological and Biomedical Sciences**

**Instructions:**
Please complete a form for each course you are requesting to waive or substitute. Completed forms must be submitted with academic transcript and course syllabus of the course the student has taken that can meet the requirement. Forms and supporting documents should be submitted no later than the second Monday of the fall semester and signed by the student’s Program Advisor or PI. Courses may be waived and/or substituted only with both the course instructor (if required) and the Program Advisor’s approval. The student is responsible for either not adding or dropping the course before the add/drop deadline if their waiver is approved.

**Student Name: Harvard ID Number:**

***Information on Course(s) Requesting to Waive/Substitute***

**Course ID(s) and Title(s):**

**Reason for Request:**

*It is the student’s responsibility to communicate all waiver requests to your Program Advisor/PI. By signing here, you acknowledge you have provided this notification.*

**Student Signature: Date:**

**For Program Advisor:**

Approval Signature: Deny Signature:

**For Course Director:**

Approval Signature: Deny Signature: