



Department of Statistical Sciences  
 100 St. George Street, 6<sup>th</sup> Floor  
 Toronto, Ontario  
 MSS 3G3

## REQUEST FOR PREREQUISITE OR CO-REQUISITE WAIVER

**U of T Student****Transfer Student****International Student**

**\*YOU MUST ATTACH A COPY OF YOUR ACADEMIC HISTORY (PRINT FROM ACORN) TO THIS FORM**

Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

College/Faculty \_\_\_\_\_ Year of Study \_\_\_\_\_

Course Requesting Waiver For:

Section:

The prerequisite or co-requisite you are missing: \_\_\_\_\_

List the **STA / ACT / MAT / APM / ECO / CSC** course(s) you are currently enrolled in:

Course Name	Code	Course Name	Code

The reason for my request is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Take this form to the instructor of the course you are missing the prerequisite or co-requisite for.**

Approve

Refuse

Instructor: \_\_\_\_\_ Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

**\*After the Instructor signs this form, submit this form to the Undergraduate Administrator in the Department of Statistical Sciences at 100 St. George St., Rm SS 6024 by July 6<sup>th</sup>, 2018**

**Office use only**

Approve

Refuse

Associate Chair Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_