



**PROGRAM REQUIREMENTS WAIVER FORM
(Department of Mathematics Subject Post only)**

Date:	Student Number:
Last Name:	First Name:
College:	Subject Post:
Telephone:	E-mail:
Cumulative Grade Point Average (CGPA):	Expected Year of Graduation:

Please enclose the two documents which are mandatory:

- 1) copy of transcripts; a printout from ROSI/ACORN may be used**
- 2) Statement of Reason for Waiver**

Course as per program / calendar requirements	Requested Course Substitution	Department Approval Yes/No

Notes:

- 1) This waiver applies only to the requirement of the program. It does not apply to degree requirements.
- 2) Authorization on this form may only be granted by the current Associate Chair, Undergraduate or the Undergraduate Administrator.

FOR OFFICIAL USE ONLY:

Date Reviewed: _____

Reviewed By: _____
(Print)

(Signature)