



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

REQUEST FOR PREREQUISITE OR CO-REQUISITE WAIVER

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U of T Student

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Transfer Student

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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.

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Approve

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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 6018 by Jan 17th, 2017**

Office use only

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Approve

☐

Refuse

Associate Chair Signature: _____

Comments: _____
