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 ROSI) 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:

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<th>Course Name</th>
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The reason for my request is:

________________________________________________________________________
________________________________________________________________________
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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 6018 by May 13, 2016

Office use only  ☐ Approve  ☐ Refuse

Associate Chair Signature: Comments: ________________________________

________________________________________________________________________
________________________________________________________________________