COURSE WAIVER REQUEST FORM

Name: _______________________________ TUid: _______________________

Email: _______________________________ Phone: _______________________

The first semester in the M.S. Program at Temple: ____________________________

The course which you request a waiver for: _________________________________

Please specify your reason. (If you have taken a relevant course before, please attach the course syllabus and other teaching materials; if you have passed the corresponding SOA or CAS exams, please attach the exam transcript):

The course which you plan to take to substitute for the waived course should your request be approved:

Applicant’s Signature: _______________________________ Date: ________________

Decision (please circle one): APPROVE or DECLINE

Graduate Program Advisor’s Signature: __________________________________________

Thorstien Moenig, Ph.D. moenig@temple.edu (215) 204.2805

Tianxiang Shi, Ph.D., FSA tianxiang.shi@temple.edu (215) 204.6192

Date: _______________________________