COURSE WAIVER REQUEST FORM

Name: ________________________________ TUid: __________________________
(Please print)

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: ____________________________________________

Dr. Hua Chen hchen@temple.edu 215-204-5905

Date: __________________________