OPERATION RESEARCH CENTER

WAIVER FORM FOR PROGRAM SUBJECT REQUIREMENTS
****
(Use separate form for each waiver request)

NAME: _____   **DATE:** _____

SUBJECT: _____   **DEGREE**   _____

(Indicate subject requirement you wish to waive)

NOTE: Hands-on-Experience requirement waiver **must** be submitted electronically via email to:
Laura Rose (*lrose@mit.edu)* for approval

- Provide <u>detailed</u> explanation for why subject waiver is being requested, including a list of courses previously taken, where taken and when.
- List <u>specific</u> topics covered in courses. Provide catalog description, if possible.
- List title of book used in course, along with author.
- Attach copy of appropriate transcript. (Obtain copy of transcript from ORC Headqtrs. Staff.)
- Return <u>all</u> Waiver forms to Laura Rose.

APPROVAL: _____