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 detailed explanation for why subject waiver is being requested, including a list of courses previously taken, where taken and when.
- List specific 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 all Waiver forms to Laura Rose.

APPROVAL:___________________________________________