

COURSE WAIVER OR REPLACEMENT REQUEST

Student Name:

Date:

RIN#

Email:

Program

MBA

MS-MGMT

MS-QFRA

MS-BSAN

MS-SPCM

I am requesting that the following course be waived, and I will replace it with a different course:

Course Number:

Course Name:

The following information is attached:

Prior course number and name

Copy of transcript showing a grade of B or better

Course description/syllabus

Title and Author of Textbook used

Additional Information

Lally Staff Only

To:

(for review)

Date:

Recommendation:

Waiver granted

Waiver denied

Reason:

Further information required:

Signature:

Date: