OPERATION RESEARCH CENTER

WAIVER FORM FOR PROGRAM SUBJECT REQUIREMENTS
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(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: ___________________________________________