

MASTER OF SCIENCE IN ACTUARIAL SCIENCE

TEMPLE UNIVERSITY

COURSE WAIVER REQUEST FORM

Name: _____
(Please print)

TUId: _____

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: _____