# Application for Waivers from Statistics II

SAVE THE APPLICATION AS A WORD FILE NAMED:

## Lastname - Statistics II Waiver Request

Name: Email:

Daytime Phone #: Date Submitted:

ENTER INFORMATION ABOUT THE STATISTICS COURSE(S) TAKEN WITHIN THE PAST FIVE YEARS:

1. Course Name:

School:

Semester (Fall/Spring/Summer): Year:

Grade: # of Credit Hours:

Statistical Software used in this course:

1. Course Name:

School:

Semester (Fall/Spring/Summer): Year:

Grade: # of Credit Hours:

Statistical Software used in this course:

Please submit:

1. Syllabus for the statistics course(s) listed above as either a Word file or a PDF file.
2. Transcript for the course(s) showing the grade and date of the course.

FOR FACULTY USE ONLY

Approved Not Approved

Reviewed by:

Comments:

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Date: \_\_\_\_\_\_\_\_\_\_