

Request for MMG1012H Course Waiver*

Student Name: _____

Student Number: _____

Supervisor: _____

Supervisory Committee Members: _____

Please indicate the course(s) taken during your M. Sc. that you feel satisfy the equivalent requirements of MMG1012H. Provide a description of the course(s) and the marking scheme as well as a copy of your transcript.

Student signature

Supervisory Committee Approval:

Supervisor

Committee Member

Committee Member

Committee Member

Departmental Approval:

Graduate Coordinator or Chair

* Please note that this waiver is only valid if the student receives a minimum grade of A- in their first topic course offered by the Department. If a student decides not to accept the waiver, they must notify the Graduate Administrator as soon as possible