 **Request for Waiver of Statistics Prerequisite or Transfer of Credits for Required Course(s)**

**Biomedical Informatics Program**

Name:

Email:

Date:

1. Request for waiver of statistics **Prerequisite**

Please describe the prior courses or experience which you believe should substitute for the required **prerequisite** in statistics:

Include transcripts, course descriptions or syllabi from prior statistics courses.

Include a CV showing prior statistics experience.

2. Request for waiver of or transfer of credits for statistics **Required Course(s).**

Students may transfer in approved credits if the course was taken no more than 7 years ago and the final grade was a B or higher (B- is not accepted).

**Bioinformatics and Computational Biomedicine Major**

**Required courses:**

\_\_\_\_\_\_\_BMI 531 Probability & Statistical Inference

\_\_\_\_\_\_\_BMI 551 Statistical Methods in Computational Biology

**Reason for request:**

\_\_\_\_\_\_\_Prior undergraduate or graduate degree in mathematics or statistics\*

\_\_\_\_\_\_\_Prior coursework in statistics (without a math or stats degree)\*\*

\_\_\_\_\_\_\_Significant work experience in statistics\*\*\*

Please describe the prior courses or experience which you believe should substitute for the **required course(s)** in statistics:

\*Include transcript showing mathematics or statistics degree

\*\*Include transcripts, course descriptions or syllabi from prior statistics courses.

\*\*\*Include a CV showing prior statistics experience.

Submit this Request for Waiver and required documents to:

Diane Doctor, Educational Programs Coordinator

OHSU – Biomedical Informatics

Mail code: BICC 504

3181 SW Sam Jackson Park Rd.

Portland, OR 97239

[doctord@ohsu.edu](mailto:doctord@ohsu.edu)