



College of Public Health

REQUEST TO WAIVE THE GRE REQUIREMENT

Criteria: Applicants who have terminal degrees such as the PhD or EdD, and those with advanced professional degrees (MD, DDS, DO, DVM, JD, PharmD, DPT) from accredited institutions and are individually licensed by their profession in the United States may request to waive the GRE.

Note: Copy of current active license must be attached to this form. In the case of a terminal degree (i.e., PhD or JD), a sealed official academic transcript from the institution where the academic work was completed should be sent along with the application.

Note: Applicants with a Master's degree from a USA regionally accredited institution can be considered for a GRE waiver on an individual basis. Applicants with a Master's degree seeking this waiver must attach a justification statement as evidence to why consideration should be given. Your statement should include your academic background and work experience (especially in health settings) that demonstrates your verbal and quantitative skills. In these circumstances, consideration of a GRE waiver may delay application.

Note: The GRE Waiver is not automatic and must be approved by the Admissions Committee and the College of Public Health Academic Dean.

I request that the requirement for submission of a GRE test score to the College of Public Health be waived based on the criteria established in this document.

_____	_____
Name	Date
_____	_____
License Number	State

Profession	

GRE Waiver Approval:

Approved	Denied	
<input type="checkbox"/>	<input type="checkbox"/>	_____
		Department Student Affairs Committee Chair/Department Chair
<input type="checkbox"/>	<input type="checkbox"/>	_____
		Academic Dean