WAIVER AND/OR SUBSTITUTION REQUEST

Date:_____________________________

To:_______________________________
(Dean/Desigee)

From: _____________________________
(Chair, Admissions Committee)

College/Programs:_______________________________________________________________

In making the following recommendations(s) for waiver and/or substitution, I give assurance that approval of the recommendations(s) will not decrease the total number of hours approved by the Board of Trustees to graduate with a ____________________________degree in the ________________________________program from UTHSC.

1. I recommend that ________________hours in said subject(s) _________________________________ be waived as pre-requisite course(s) in the case of Mr./Ms. _________________________________

2. I recommend that the stated minimum acceptable grade in the required course be waived and that a grade of ______ in said subjects (s) _________________________________ be accepted in the case of Mr./Ms. _________________________________

3. I recommend the waiver of the following documents indicated below in the case of Mr./Ms. _________________________________
   a. # of letters of recommendation
   b. Pre-professional evaluation
   c. Verification of Volunteer and/or paid service
   d. Other (specify)_______________________________

Reasons for waiver and/or substitution:

Approved by Dean or Designee

Date_________________________

Distribution copy: _____Enrollment Services

______Program Director/Chair

Date:_________________________

Date:_________________________