WAIVER AND/OR SUBSTITUTION REQUEST

Date: ______________________________

To: _________________________________
(Dean/Designee)

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          Date:____________________
 ______ Program Director/Chair          Date:____________________