

OFFICE OF ADMISSIONS HEALTH SCIENCES WAIVER REQUEST PROGRAM DECLARATION



SECTION 1 TO BE COMPLETED BY STUDENT

A

F

Request waiver of the _____ program admission requirement(s) indicated: (Health Sciences Program)

TEAS-V or SAT or ACT

ASSET

Other

Please Specify

If this waiver is approved, request that I be admitted to the Pre-Health Care Certificate (PTH6 for Physical Therapist Assistant program). I understand that program changes may affect my financial aid and financial aid counseling is available at the Financial Aid Office on either Beltline or Airport campus.

Please Print Name

Signature

Date

Social Security Number

SECTION 2 TO BE COMPLETED BY PROGRAM DIRECTOR

Approved Disapproved

Comments:

Signature

Date

SECTION 3 TO BE COMPLETED BY AHNAC

To: MTC Records Office

Please add the following program codes to this student's record. (This action is not intended to delete or change any previous program codes.)

Major

Minor

AHNAC Signature

Dates