

TEST WAIVER REQUEST FORM

Request for Graduate Degree Matriculation Review with Test Waiver: GRE, MAT, or GMAT, as Appropriate*

LAST NAME

FIRST NAME

GOTHICNET ID

DEGREE PROGRAM

E-MAIL

(Required for timely communication.)

I have read the attached document and understand the criteria for the test waiver for matriculation into the degree program above.

Please check one of the following:

- I meet the criteria stated, as well as any additional requirements for matriculation into the degree program above, and request that my file be reviewed for matriculation.
- I DO NOT meet the criteria stated for the test waiver, but I do meet the additional requirements for matriculation into the degree program above, and request that my file be reviewed for matriculation. I have attached my appeal for the test waiver to the Academic Dean of the College offering my degree program.

SIGNATURE

DATE

*This "Test Waiver Request Form" must accompany your "Request for Matriculation." This "Test Waiver Request Form" is valid for matriculation applications effective for the Summer I, Summer II, and Fall 2014 terms only. This test waiver request does not apply to doctoral programs.

All terms and conditions are subject to change without notice.