GMAT Waiver Form

Manning School of Business Graduate Programs

Name: _____

Email Address: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____ Desired Start Date: _____

Program applied for (select one): MBA ☐ MSA ☐ MSF ☐ MSITE ☐ MSBA ☐

Please mark the box next to the item which best describes the basis on which you are requesting a GMAT Waiver:

☐ Earned a cumulative GPA of a 3.0 or greater in a baccalaureate degree (any major) from the University of Massachusetts Lowell within the past 10 years. **(Please Attach: Undergraduate Degree Transcript)**

☐ Earned a cumulative GPA of 3.0 or greater in a baccalaureate degree in business administration from an AACSB accredited institution within the last 10 years **(Please Attach: Undergraduate Degree Transcript)**

☐ Earned a cumulative GPA of a 3.5 or greater in a baccalaureate degree in business administration from a non-AACSB accredited institution within the last 10 years **(Please Attach: Undergraduate Degree Transcript)**

☐ Earned a cumulative GPA of a 3.5 or greater in UMass Lowell's Foundations of Business Certificate Program within the past 5 years. **(Please Attach: UML Foundations of Business Certificate Transcript)**

☐ Earned the appropriate minimum GPA in Financial Management, New Venture Creation or Accounting Certificate Programs. **(Please Attach: Transcript)**

☐ Have 8 or more years of full-time relevant professional work experience. **(Please Attach: Resume with references for all positions included in the 8 years)**

☐ Hold a graduate degree (Masters, PhD, JD, etc.) from an accredited institution. **(Please Attach: Transcript)**

☐ Hold a professional certification in the United States in a relevant professional field (CPA, CFA, etc.) **(Please Attach: Copy of certification)**

☐ I acknowledge that UMass Lowell makes the final decision as to whether or not to waive the GMAT requirement.
☐ I confirm that the information provided is complete and accurate and that records submitted are correct and official.
☐ I acknowledge that my dates of employment may be verified.

Student Signature: _____ Date: _____

Please email MBA forms to MBA@uml.edu

All other forms please email the appropriate Coordinators.

MSA- Stefanie_Tate@uml.edu */ MSF-* ChanWung_Kim@uml.edu */ MS ITE-* Ashwin_Mehta@uml.edu */*
MSBA- Thomas_Sloan@uml.edu

Graduate Coordinator Signature: _____ *Date:* _____

NOTES: _____

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Director Approval only needed in special cases: _____