

University of Oklahoma Health Sciences Center
College of Allied Health
Department of Rehabilitation Sciences
Doctor of Science Degree Program

GRE WAIVER REQUEST FORM

The Graduate Record Examination (GRE) requirement may be waived if you meet the criteria and sign the statement below. Submit the waiver request in enough time before the application deadline to allow time to take the GRE if the request is denied. The GRE must be taken prior to the application deadline for consideration.

Name: _____

Address: _____

Email Address: _____

I took the GRE in _____ (year).

I graduated in _____ (year) from the professional [] or postprofessional [] degree program (check one) at _____ (name of college or university), which required the GRE for admission.

Signature

Date

Any additional comments:

Submit this form with your application.

For program use only:

Decision: _____ approved _____ denied

Date: _____

Signature: _____