



Division of Public Health Waiver Request Form

Name: _____
Last First Middle

E-mail Address: _____ Applicant ID Number: _____

Requesting a Waiver for (check one):

- English Language Competency Test (TOEFL, IELTS, etc.)
- Standardized Graduate or Professional School Test (GRE, MCAT, LSAT, etc.)
- Other

Below, please explain why you feel your waiver request should be considered.

You will receive notification once the waiver has been processed and a decision has been determined.