Michigan State University Master of Public Health 200 East 1st Street Flint, MI 48502

Master of Public Health Waiver Request Form

Name:	Last	First	Middle
E-mail Address: _		Applicant ID Number:	
Standardiz	nguage Competen	ncy Test (TOEFL, IELTS, etc.) rofessional School Test (GRE, I	MCAT, LSAT, etc.)
Below, plea	ase provide an ex	xplanation for why you feel yo be considered.	our waiver request should

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