



GRADUATE COLLEGE ENTRANCE EXAM WAIVER REQUEST

This form must be submitted to the Graduate College by a Dean, Assistant Dean or Program Chair for processing.

Date:

Student's ID #: N

Student's Name:

Reason for Waiving Entrance Exam:

Requested by: _____ Date: _____

Approved by: _____ Date: _____

For Graduate Office Use Only

DegreeWorks/Data Entered