University of Tennessee Health Science Center

WAIVER AND/OR SUBSTITUTION REQUEST

Date:_					
То:					
From:	(Dean/Design	ee)			
	(Chair, Admis	sions Committee)			
Colleg	e/Programs:				
approv Trustee	ral of the recommes to graduate w		ecrease the total nu	substitution, I give assurance that number of hours approved by the Board ofdegree in the n from UTHSC.	
1.	I recommend	that	_hours in said su	ubject(s)	
	be waived as pre-requisite course(s) in the case of Mr./Ms.				
2.	2. I recommend that the stated minimum acceptable grade in the required course be waived and that a grade of in said subjects (s)				
	a grade of	in said subjects (s) _ the case of Mr /Ms			
3.	be accepted in the case of Mr./Ms				
	Mr./Ms		-		
		etters of recommendation			
	b. Pre-professional evaluation				
	c. Verification of Volunteer and/or paid serviced. Other (specify)				
	u. Other	(specify)			
Reasor	ns for waiver an	d/or substitution:			
Approved by Dean or Designee				Date	
Distrib	oution copy:	Enrollment Services		Date:	
		Program Director/Cha	air	Date:	