

University of Tennessee Health Science Center

WAIVER AND/OR SUBSTITUTION REQUEST

Date: _____

To: _____
(Dean/Designee)

From: _____
(Chair, Admissions Committee)

College/Programs: _____

In making the following recommendations(s) for waiver and/or substitution, I give assurance that approval of the recommendations(s) will not decrease the total number of hours approved by the Board of Trustees to graduate with a _____ degree in the _____ program from UTHSC.

1. I recommend that _____ hours in said subject(s) _____ be waived as pre-requisite course(s) in the case of Mr./Ms. _____
2. I recommend that the stated minimum acceptable grade in the required course be waived and that a grade of _____ in said subjects (s) _____ be accepted in the case of Mr./Ms. _____
3. I recommend the waiver of the following documents indicated below in the case of Mr./Ms. _____
 - a. # of letters of recommendation
 - b. Pre-professional evaluation
 - c. Verification of Volunteer and/or paid service
 - d. Other (specify) _____

Reasons for waiver and/or substitution:

Approved by Dean or Designee _____ Date _____

Distribution copy: _____ Enrollment Services _____ Date: _____
_____ Program Director/Chair _____ Date: _____
