

Request to Waive TOEFL Requirement

TO BE COMPLETED BY STUDENT REQUESTING WAIVER

Name:	E-mail Address:	Date of Birth:
Telephone Number:	Term:	Department:

Citizenship Status:

<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Naturalized	<input type="checkbox"/> International <input type="checkbox"/> Other, Specify _____
---	---

Provide Reason(s) why TOEFL requirements should be waived.

Office of Admissions and Records needs an application on file to process a TOEFL Waiver Request. Return form and supporting documentation to:

University of Oklahoma Health Sciences Center
 Office of Admissions and Records
 P.O. Box 26901, LIB 121
 Oklahoma City, OK 73126-0901
 Fax: (405) 271-2480

TO BE COMPLETED BY THE COLLEGE STUDENT AFFAIRS:

Recommendation for Waiver:

Approved _____ Denied _____ No Action Taken (see rationale) _____

Rationale:

College Signature:	Date:

If questions, contact an Admissions Officer at admissions@ouhsc.edu, or (405)271-2359.