

TO BE COMPLETED BY STUDENT REQUESTING WAIVER

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

Citizenship Status:

Permanent Resident
 International
 Naturalized
 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 to:

University of Oklahoma Health Sciences Center
 Office of Admissions and Records
 P.O. Box 26901, BSE 200
 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: _____