



WAIVER AND/OR SUBSTITUTION REQUEST

Dated: _____

To: _____
(Dean)

From: _____
(Chair, Admissions Committee)

College/Program: _____

In making the following recommendation(s) for waiver and/or substitution, I give assurance that approval of the recommendation(s) will not decrease the total number of hours approved by the Board of Trustees to graduate with a _____ degree in the _____ program from The University of Tennessee Health Science Center. This student has _____ hours of coursework with an overall undergraduate GPA of _____ and an overall graduate GPA of _____ as of said date, _____.

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 required courses be waived and a grade of _____ in said subject(s) _____ be accepted in the case of Mr./Ms. _____.
3. I recommend the substitution of _____ for _____ in the case of Mr./Ms. _____.

Reason(s) for waiver and/or substitution:

APPROVED BY DEAN:

DATE:

Distribution Copy: _____ The Office of Enrollment Services - Date of Distribution: _____
_____ Program Director/Chair - _____