

University of Oklahoma Health Sciences Center  
College of Allied Health  
Department of Rehabilitation Sciences  
Doctor of Science Degree Program

GRE WAIVER REQUEST FORM

The Graduate Record Examination (GRE) requirement might be waived if you meet the criteria and sign the statement below. Submit the waiver request in enough time before the application deadline to allow time to take the GRE if the request is denied. The GRE must be taken prior to the application deadline for consideration.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

I took the GRE in \_\_\_\_\_ (year).

I graduated in \_\_\_\_\_ (year) from the professional [ ] or postprofessional [ ] degree program (check one) at \_\_\_\_\_ (name of college or university), which required the GRE for admission.

My GRE scores:

Verbal \_\_\_\_\_

Quantitative \_\_\_\_\_

Writing \_\_\_\_\_ or Analytical \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Any additional comments:

*Submit this form with your application.*  
\_\_\_\_\_

For program use only:

Decision: \_\_\_\_\_ approved \_\_\_\_\_ denied

Date: \_\_\_\_\_

Signature: \_\_\_\_\_