

COURSE WAIVER FORM**Name:****Address:****City, State, Zip:****Phone:****Date:****Email:**

- Please check all that apply:

Requesting waiver of five year limit on completion of pre-requisite course/s

Requesting waiver of pre-requisite based upon life/work experiences

Requesting substitution of pre-requisite course

- Pre-requisites to be considered:

Anatomy and Physiology I & lab

Anatomy and Physiology II & lab

Developmental Psychology

Abnormal Psychology

Introduction to Statistics

Technical and Professional Writing

- In 150 words or less, please give a detailed justification for the requested waiver:

- You must also submit unofficial transcripts and additional documents, such as a resume, in support of your course waiver request.

Disclaimer: I hereby certify that the information submitted in support of this appeal is true and accurate to the best of my knowledge and the submission of an appeal does not guarantee further consideration to continue the application process. I am also aware that further documentation may be required to verify the above information.

Please note: This course waiver form and supporting documentation must be completed and submitted directly to the Occupational Therapy Graduate Program Office or scanned to OccupationalTherapy@salud.unm.edu

Signature _____

Date _____

Official Use Only

Waiver Request Reviewed (Initial and date): _____

____ Request Denied

Comments:

____ Request Granted

Comments: