

**NOTE: Due to COVID-19 concerns, the GRE requirement has been temporarily suspended for applicants.**

Applicants may request a waiver of the GRE application requirement for the online MPH degree program. Waivers of the GRE application requirement are generally only granted to distinguished applicants whose record of professional and academic achievement serves as a comparable indicator of likely success in the MPH program.

**Before completing this form, please review the GRE waiver guidelines.**

### Your Information:

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

By checking this box, the student certifies that transcripts will verify all requirements for full admittance into the program.

### Basis of GRE Waiver Request:

- At least five years of professional work** experience or distinguished U.S. military experience with evidence of promotions, increase in rank, honors/awards or other professional achievements
- Earned doctorate** (i.e., MD, DO, PharmD, DPM, PhD, JD, DDS, DNP) from a U.S.-accredited college or university\*
- Earned master's in a health profession** (i.e., MSN), policy and management (i.e., MPA, MBA), or related field from a U.S.-accredited college or university\*
- GPA of 3.5** or higher from a U.S.-accredited college or university (on a 4.0 scale)\*

\* Degree programs from colleges and universities outside of the U.S. will also be considered, but are subject to additional review. The items listed above are subject to verification and review. Completion of these achievements does not automatically qualify as a GRE waiver.

### Supporting Documentation and Signature

To complete your application for a GRE waiver, you must attach to this form:

1. A cover letter explaining why a GRE waiver should be granted in your case
2. Updated resume/CV
3. Transcripts from all degree granting institutions
4. Any documentation that supports your request

**By signing below,** I am requesting a waiver of the GRE application requirement and authorizing the university to conduct whatever background check is necessary to verify the information I have submitted. I further acknowledge that submitting this information does not automatically constitute a waiver of the GRE application requirement and that such waiver is at the sole discretion of the university.

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

Submit this form and supporting documentation to the Departmental Administrative Assistant for processing.