

TO BE COMPLETED BY STUDENT REQUESTING WAIVER

Name:	Social Security Number:	Date of Birth:
Telephone Number:	Term:	Department:

Citizenship Status:

- | | |
|---|---|
| <input type="checkbox"/> Permanent Resident | <input type="checkbox"/> International |
| <input type="checkbox"/> Naturalized | <input type="checkbox"/> 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:

Questions, contact the International Advisor at (405) 271-2359.