

GRE/ MAT SCORE WAIVER RECOMMENDATION

The student whose name appears below is seeking a waiver of the GRE/MAT requirement. Please assist the Student Affairs Committee by completing this form and returning it to the student (in a sealed envelope) or to the Department Office.

The information you provide will be treated as confidential except that the student may elect to retain the right of access.

Prompt completion of this form will be appreciated by both the student and the Committee, for the petition cannot be acted on until this form is received from you.

Student's Name _____ File Number _____ - _____

I (circle one) waive / do not waive the right of access to the contents of this form.

Student's Signature _____ Date: _____

Has the student been enrolled in a class you taught? If so which one(s): _____

Please check the appropriate column for each of the criteria listed below:

Academic Performance Performance (Analytical/Cognitive Skills)	Unable to Judge	Not Acceptable	Acceptable	Superior

Comments: _____

Interpersonal Skills	Unable to Judge	Not Acceptable	Acceptable	Superior

Comments: _____

Potential for Success in the Field	Unable to Judge	Not Acceptable	Acceptable	Superior

Comments: _____

Do you recommend waiver of the GRE/MAT requirement for this Student? **YES** ___ **NO** ___

Instructor's Name

Instructor's Signature

Date