

# OFFICE OF ADMISSIONS HEALTH SCIENCES WAIVER REQUEST PROGRAM DECLARATION



## SECTION 1 TO BE COMPLETED BY STUDENT

A

F

Request waiver of the \_\_\_\_\_ program admission requirement(s) indicated: (Health Sciences Program)

\_\_\_\_\_  
TEAS-V or SAT or ACT

\_\_\_\_\_  
ASSET

\_\_\_\_\_  
Other

\_\_\_\_\_  
Please Specify

If this waiver is approved, request that I be admitted to the Pre-Health Care Certificate (PTH6 for Physical Therapist Assistant program). I understand that program changes may affect my financial aid and financial aid counseling is available at the Financial Aid Office on either Beltline or Airport campus.

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

## SECTION 2 TO BE COMPLETED BY PROGRAM DIRECTOR

Approved     Disapproved

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION 3 TO BE COMPLETED BY AHNAC

To: MTC Records Office

Please add the following program codes to this student's record. (This action is not intended to delete or change any previous program codes.)

\_\_\_\_\_  
Major

\_\_\_\_\_  
Minor

\_\_\_\_\_  
AHNAC Signature

\_\_\_\_\_  
Dates