

UAMS College of Health Professions TOEFL/IELTS Waiver Request Form

Applicants Full Name _____

Mailing Address _____

Country of Origin: _____

Email _____ Telephone _____

Applicants may request a waiver of the TOEFL or IELTS exam requirement if the applicant has (check all that apply):

- Received a bachelor's degree or master's degree from an accredited U.S. college or university to include 6sc of English Composition.
- Graduated from a U.S. high school having completed a minimum of three (3) full years in residence and having completed two years of regular English courses with B or better grades.
- Scored 21 or greater on the English component of the ACT exam.
- Maintains a current U.S. certification to practice in the related discipline in which further coursework will be completed and has practiced in this discipline in the U.S. for at least two (2) years.
- Administrative Waiver – Does not meet stated waiver qualifications; however, the program chairmen, through program processes, believes there to be no deficiency in the area of English fluency and literacy. **NOTE TO APPLICANT:** Do not select this option without approval of the Chair/Program Director of the program to which you are applying. *Chairman/program director will monitor student progress and develop a plan of action should one be deemed necessary.*

Attach any supporting documents which may assist in the evaluation of this request.

Applicant's Signature: _____ **Date:** _____

I approve this request to waive the TOEFL or IELTS exam requirement for this applicant.

Signature _____ **Date** _____
Chair/Program Director

I support the Chair/Program Director's request for a waiver.

Signature _____ **Date** _____
Associate Dean for Student Affairs

I do not approve this request to waive the TOEFL exam requirement for this applicant.

Signature _____ **Date** _____
Chair/Program Director

Please state your reason for this action: _____
