

## **COURSE WAIVER FORM** – Must be submitted by October 1<sup>st</sup> of application cycle

Name:	Phone:
Address:	Date:
City, State, Zip:	Email:
Please indicate which time frame below you plan to submit your appl  Fall 2021 application period  Fall 2022 application period	ication to the UNM OT Program through OTCAS:
<ul> <li>Please check all that apply:         <ul> <li>Request to waive five-year limit on prerequisite cours</li> <li>Request to waive prerequisite course based upon my</li> <li>Request to substitute a course not listed on the UNM</li> </ul> </li> <li>OT Programs required prerequisites</li> </ul>	life/work experiences
<ul> <li>Check <u>one</u> prerequisite from the list below for this request. (Separate form required for each request):         <ul> <li>Anatomy and Physiology I for the Health Sciences</li> <li>Anatomy and Physiology II for the Health Sciences</li> <li>Anatomy and Physiology II for the Health Sciences</li> <li>Anatomy and Physiology II lab for the Health Sciences</li> <li>Developmental Psychology</li> <li>Abnormal Behavior</li> <li>Introduction to Statistics</li> <li>Technical and Professional Writing</li> </ul> </li> <li>In 150 words or less, please give a detailed justification for the</li> </ul>	S
(Attach page if additional room is needed)	
<b>NOTE:</b> Scan and email <b>Course Waiver form</b> and <b>supporting documentation</b> <u>HSC-OccupationalTherapy@salud.unm.edu.</u> Examples of documentation in and syllabi. A writing sample is required for Technical and Professional Writing	nclude unofficial transcripts, resume, course description
Signature	Date

**Disclaimer**: I hereby certify that the information submitted in support of this appeal is true and accurate to the best of my knowledge and the submission of an appeal does not guarantee further consideration to continue the application process. I am also aware that additional documentation may be required to verify the above information.