



COURSE WAIVER FORM – Must be submitted by October 1st of application cycle

Name: _____
Address: _____
City, State, Zip: _____

Phone: _____
Date: _____
Email: _____

Please indicate which time frame below you plan to submit your application to the UNM OT Program through OTCAS: **Fall**

Please check all that apply:

Request to waive five-year limit on prerequisite course completed more than five years ago

Request to waive prerequisite course based upon my life/work experiences

Request to substitute a course not listed on the UNM TES system as transferring into UNM as one of the OT Programs required prerequisites

Choose **one** prerequisite from the list below for this request. (Separate form required for each request):

In 150 words or less, please give a detailed justification for the requested waiver: (Attach page if additional room is needed)

NOTE: Scan and email **Course Waiver form** and **supporting documentation** to the Occupational Therapy Graduate Program at HSC-OccupationalTherapy@salud.unm.edu. Examples of documentation include unofficial transcripts, resume, course description and syllabi. A writing sample is required for Technical and Professional Writing.

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.