

## Master of Arts in Teaching GRE Waiver Request

Submit form via email to uhdmat@uhd.edu

| First Name:                   | Middle Initial:                  | Last Name:                | Student ID #:  |
|-------------------------------|----------------------------------|---------------------------|--|
| Contact Phon                  | e Number:                        | _ Contact Email: _        |  |
| Applicants to the Master of A | rts in Teaching (MAT) program fo | r Teacher Certification a | are required to submit GRE scores if their undergraduate GPA |
| was less than 3.0 or if the   | degree was earned more than 10   | years ago. The purpose    | of this form is to request a waiver of the GRE requirement.  |
|                               |                                  |                           |  |
|                               |                                  |                           |  |
| l request a w                 | vaiver of the MAT G              | RE requireme              | ent.   |
|                               |                                  |                           |  |
|                               |                                  |                           |  |
|                               |                                  |                           |  |

I understand that in lieu of submitting GRE scores, any offer of admission from this program will be conditional and will require me to earn a grade of B or higher in my first 9 semester credit hours to continue in the program.

| Applicant's Signature:      | Date:  |   |
|-----------------------------|--------|---|
| For office use only:        |        |   |
| Approved                    | Denied |   |
| Graduate Studies, Director: | Date:  | _ |