

**Request to Waive/Substitute Prerequisite Courses for
Application to the Division of Occupational Therapy**

Requester Information:

Name _____
Address _____
City, State, Zip _____
Telephone (with Area Code) _____
Email _____

Requested Requirement to be Waived/Substituted:

Class _____
Reason Attach a letter outlining the request _____
Substitution Course _____
(if applicable) _____
Documentation _____
(submit copies of necessary documentation i.e. transcripts, samples, etc.)

Decision:

Approved Denied _____
Signature Date
Admissions Committee Chair

Comments _____

If the request has been denied, you will need to take the appropriate course. Please be sure to list your plans on your application.

This form needs to be submitted by December 1 prior to submitting your application so that the committee may review your request prior to receiving your application.

Please use one form per request.

Approved waivers are valid for 2 years after the approval date.

A copy of this signed form needs to be submitted with your application.

Mail or fax this form and supporting documents to: Division of Occupational Therapy
520 Wakara Way
Salt Lake City, UT 84108
Fax: (801) 585-1001