

English Proficiency Waiver Request

Submit form electronically as part of your admissions application to the Graduate Admissions office at gradadmissions@uhd.edu.

First Name:	Middle Initial:	Last Name:	
Mailing Address:	City:	State:	Zip Code:
Contact Phone Number: Contact Email:			
primary language of TOEFL/IELTS scores. I confirm that I have primary language of **Applicants we time employments	e <u>not</u> completed at least finstruction nor do I ha to select this option must atta ent history of at least 3 years	e, I do not nee st one degree ave any TOEFI ch appropriate pro in a country whe	_
Applicant's Signature:		Date	::
Failure to provide accurate inform	nation can result in automatic	denial.	
For office use only:			
Approved		Denie	d
Graduate Studies, Directo	or:	Date:	