

## **GRE Waiver Request**

Submit form electronically to your student portal. Please contact Graduate Admissions office at gradadmissions@uhd.edu if you are unable to upload.

First Name:	Middle Initial	: Last Name:		
Mailing Address:	City:	State:	Zip Code:	
Contact Phone Number: Contact Email:				
have completed the a best of my ability and true.	<b>hours</b> of my college cou attached GPA computa d confirm that the infor ate proof of coursework can res	tion worksheet mation submit	t to the	
Applicant's Signature:		Date	:	
For office use only:				
Approved		Denied	d	
Graduate Studies, Direct	:or:	Date: _		
Last 60 Ho	ours Computation Worksheet		A = 4 Quality Points B = 3 Quality Points C = 2 Quality Points D = 1 Quality Point F = 0 Quality Points	

Course Name and Number	Grade _	Credit Hours	X Quality Points	=
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Course Name and Number	_Grade	_ Credit Hours	_X Quality Points	=

Total Last 60 hours GPA: Total Points/60 hours =\_\_\_\_\_