Request to Waive GMAT

Master of Accounting School of Business Administration Oakland University Graduate Admissions 520 O'Dowd Hall Rochester, MI 48309-4475 gradinfo@oakland.edu

First	t Name	Last Name	
Add	ress		
Email		Daytime Phone	
Adn	nissions term		
mee	et one of the following criteria	program may request a waiver of the GMAT or GRE requirem a. To request a waiver, applicant must submit this form to the application packet. The request for waiver is subject to the mittee.	•
Plea	ase check the appropriate res	ponse:	
	Applicant has earned a ma	naster's degree (or higher) from a US institution.	
	Name of institution		
	Degree earned	Year degree ea	rned
	• •	achelor's degree within the last five years of the expected dat 3.5 from an AACSB accredited business school.	e of enrollment with
	Name of institution		
	Degree earned	Overall GPA Year degree ea	rned
	five years graduated with	ntly accounting students at an AACSB accredited business schoor an accounting degree from an AACSB accredited business schoorcounting GPA of at least 3.3.	
	Name of institution		
	Degree earned	Overall GPA Accounting GPA	Α
	• •	achelor's degree from the Oakland University School of Enginers of the expected date of enrollment with an overall G	•
	Degree earned	Year degree ea	rned
Арр	licant Signature	Date	
To b	pe completed by MAcc Faculty	y Coordinator (when reviewing final application file):	
	Approved	☐ Denied	
Con	nments :		
Nan	ne (print or type)		
νhΔ	iser Signature	Date	