



## Department of Physical Therapy

### GRE WAIVER REQUEST FORM (Complete only if applicable)

The GRE requirement may be waived, with program approval, if you meet one of the criteria listed below. To request a GRE Waiver, applicants must submit this GRE Waiver Request Form along with official supporting documentation. We strongly recommend that you **submit this waiver well ahead of the application deadline** to allow time to take the GRE in the event your request is denied. The GRE must be taken prior to the application deadline for consideration.

*PLEASE NOTE: Applicants to the Entry-Level Doctor of Physical Therapy program are not eligible to waive the GRE requirement for any reason.*

**Applicant Name:** \_\_\_\_\_  
*Last First*

**Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Last 4 digits of Social Security Number:** \_\_\_\_\_

**Program of Study:** \_\_\_\_\_

**Term of Entry:** \_\_\_\_\_

Please check off one of the following options as the reason for which you are requesting your GRE requirement be waived.

1.  I have taken an alternative test of preparedness for graduate-level studies acceptable to the Institute in its sole discretion.
2.  I have successfully completed, with a grade of B or better, two or more courses at the Institute in the program to which I am applying.
3.  I have already achieved a Master's degree or higher; I have achieved Board Certification in a specialty area (ABPTS Certification).

Please attach appropriate documentation to this form and submit along with application to:  
MGH Institute of Health Professions, Office of Student Affairs, PO Box 6357 Boston, MA 02114

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**For Institute Use Only:** Program Decision:  Approved  Denied

Program Signature: \_\_\_\_\_

Date of Decision: \_\_\_\_\_

Admissions Signature: \_\_\_\_\_