

**HEALTH SCIENCES WAIVER REQUEST/PROGRAM DECLARATION FORM**

**A F**

**Section I (To be completed by student)**

Request waiver of the \_\_\_\_\_ program admission requirement(s) indicated: (Health Sciences Program)

\_\_\_\_\_ HOBET or SAT or ACT \_\_\_\_\_ ASSET Writing Sample

\_\_\_\_\_ Other (Please Specify) \_\_\_\_\_

If this waiver is approved, request that I be admitted to the Pre-Health Care Certificate (PTH6 for Physical Therapist Assistant program) for the above program. *I understand that program changes may affect my financial aid and financial aid counseling is available at the Financial Aid Office on either Beltline or Airport campus.*

\_\_\_\_\_  
Signature SSN Date

**Section II (To be completed by Program Director)**

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

**Section III (To be completed by AHNAC)**

To: MTC Records Office

Please add the following program codes to this student's record. (This action is not intended to delete or change any previous program codes.)

\_\_\_\_\_  
Major Minor AHNAC Signature Date