UNIVERSITY OF MIAMI
GRADUATE SCHOOL

Exam Waiver Request

_____
Date

To: Dr. Guillermo "Willy" Prado, Dean of the Graduate School

From: _____
Print Name (First, Last), Title

The _____ hereby requests a
Department/Program

☐ GRE ☐ TOEFL

☐ GMAT ☐ IELTS

waiver for applicant _____
Print Name (First, Last)

for admission to the _____ program for _____.
Semester, Year

A justification memorandum must be attached to this form.

FOR DEPARTMENTAL/SCHOOL/COLLEGE USE

☐ Approve ☐ Deny

_____
Print Name (First, Last) Signature Date

FOR GRADUATE SCHOOL USE

☐ Approve ☐ Deny

_____
Print Name (First, Last) Signature Date

Please email this form and justification memorandum to t.plantan@miami.edu