

**Request to Waive/Substitute Prerequisite Courses for
Application to the Occupational Therapy Program**

Requester Information:

Name _____ U of U ID _____
(if a student at the University of Utah)

Address _____

City, State, Zip _____

Telephone _____

Email _____

Requested Requirement to be Waived/Substituted:

Class/Requirement _____

Substitution Course _____
(if applicable)

Students are required to submit a letter outlining the reason for the request and supporting documentation as evidence. Documentation may include transcripts, samples of work, syllabus, etc.

Decision:

Approved Denied _____
Signature Date
Admissions Committee Chair

Comments _____

If the request has been denied, you will need to take the appropriate course. Please be sure to list your plans on your application. This form needs to be submitted by October 1 prior to submitting your application so that the committee may review your request prior to receiving your application. Please use one form per request. Approved waivers are valid for 2 years after the approval date. Please keep this in mind when you are planning your application.

A copy of this signed form needs to be submitted with your application.

Mail, email or fax this form and supporting documents to:

Department of Occupational & Recreational Therapies
520 Wakara Way
Salt Lake City, UT 84108
Fax: (801) 585-1001
Email: kelly.brown@hsc.utah.edu