Request to Waive GMAT

Executive Master of Business Administration School of Business Administration

Oakland University Graduate Admissions 520 O'Dowd Hall Rochester, MI 48309-4475 gradinfo@oakland.edu

First Name			Last Name	
Address				
Email Daytime Phone				
Admi	issions term			
GMA form	T requirement if they meet	one of the following c as part of the applicati	ss Administration program may request a waiver of the riteria. To request a waiver, applicant must submit this on packet. The request for waiver is subject to the approval	
Pleas	se check the appropriate re	sponse:		
	Applicant has earned a master's degree (or higher) from a US institution.			
	Name of institution			
	Degree earned		Year degree earned	
	Applicant has extensive management experience. A current resume must be submitted with this form.			
	Number of years of full time work experience			
To be	e completed by Academic A	dviser:		
	Approved		Denied	
Comi	ments :			
Name	e (print or type)			
Advisor Signaturo			Date	