



Master of Accountancy (MACC)
GMAT/GRE Waiver Request Form
Department of Accounting and Finance

Applicant Name \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Contact Information

Current Street Address \_\_\_\_\_
City and State \_\_\_\_\_
Zip \_\_\_\_\_
Phone Number \_\_\_\_\_

Admission Period

Fall \_\_\_\_\_

Current MACC Application Status

\_\_\_\_\_ In-Progress \_\_\_\_\_ Submitted

Academic Credentials

Degree Awarded \_\_\_\_\_
Granting Institution and Year \_\_\_\_\_
Overall GPA \_\_\_\_\_ Major (Accounting) GPA \_\_\_\_\_

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For Departmental Use Only

Waiver Request Status - Granted? Y or N