Request to Waive/Substitute Prerequisite Courses for
Application to the Physician Assistant Program

Requester Information:

Name _____ CMU 700# _____

(if a student at Colorado Mesa University)

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. 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. Requestors will be notified when the committee has made a determination, typically within 10-15 business days.

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

Email this form and supporting   paprogram@coloradomesa.edu
documents to: