



Mercer University
School of Engineering
Engineering Graduate Programs
GRE Waiver Request

Instructions: Please fax the form to 478-301-5433 or email to lofton_g@mercer.edu for consideration.
Attention: Graduate Programs. Phone: 478-301-5480

Applicant

Name: _____

Email: _____ Phone: _____

Graduate Program you are applying to _____

Education Information

Undergraduate Institution and Country:

Major:

GPA:

Graduate School and Country:

Area of Study:

GPA:

Briefly explain the reason for your request:

Empty box for explaining the reason for the request.

Applicants: DO NOT write below this line.

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Official Use Only:

Decision: _____ Approval Granted _____ Approval NOT Granted

Comment:

Dean/Department Chair Signature: _____ Date: _____