



Oakland University Master of Physician Assistant Science
Prerequisite Waiver Request Form

Applicant name: _____ Date: _____

Applicant email address: _____

Admission criteria states that all prerequisites must be completed within 10 years prior to submission of the application and all prerequisite courses must be complete with a letter grade prior to submission of the application. Applicants may submit this Prerequisite Waiver Request Form for consideration in the event they can demonstrate related upper-level coursework or mastery of content through work-related experiences. Submitting this form does not guarantee prerequisite waiver. The form and any supporting documentation will be presented to Admissions Committee for final decision.

OU MPAS Prerequisite Course requesting waiver: _____ (Ex: Anatomy, Statistics, psychology, etc.)

Course (s) completed greater than 10 years ago: (Please send copy of syllabus to pascience@oakland.edu)

Table with 5 columns: Course Title, Course Number, Credits, Term, Institution

Please use the space below to describe any coursework or work-related experiences that demonstrate mastery of the content requested for waiver:

Blank lines for describing coursework or work-related experiences.

Applicant signature: _____ Date: _____

Please send this completed form and any supporting documentation to pascience@oakland.edu

Oakland University-PA Science
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Auburn Hills, MI 48326