University of Cincinnati, Department of Nutritional Sciences, Graduate Program in Nutrition

Graduate Record Examination (GRE) Waiver Request Form

Applicant’s Name:______________________________ Date:____________________________

Semester/Year:_______________________________ Email:____________________________

Daytime Phone:_______________________________ Signature:_________________________

Waiver Request: I am requesting a waiver from the GRE requirement for my application to the Master of Science in Nutrition program at the University of Cincinnati, because I meet the following criteria:

☐ I am a Registered Dietitian Nutritionist (RDN). I am including all of the following required supporting documents:
  o A copy of my current Committee on Dietetic Registration card
  o Letter from employer indicating that I have three years of experience in professional practice (if you have not worked consecutively for three years, please provide an additional letter from an employer).
  o A copy of my undergraduate transcript (unofficial) indicating completion of my DPD coursework in the last 7 years.

☐ I am a graduate of a bachelor’s (BS or BA) program of study meeting all of the following requirements:
  o I have taken 2 semesters of chemistry with lab or equivalent;
  o I have taken two semesters of anatomy and physiology or equivalent;
  o I have taken two semesters of biochemistry or equivalent;
  o I have taken a semester of introductory nutrition or equivalent;
  o All of the above prerequisite courses were taken in the last five years from an accredited institution in the United States or Canada,
  o My grades in all pre-requisite courses were above a C-.
  o I am including a copy of my undergraduate transcript (unofficial) with a cumulative GPA of 3.6 or above on a 4.0 scale.

☐ I am a graduate of an advanced degree (e.g., MS, MEd ) meeting all of the following requirements:
  o I have taken two semesters of chemistry with lab or equivalent;
  o I have taken two semesters of anatomy and physiology or equivalent;
  o I have taken two semesters of biochemistry or equivalent;
  o I have taken a semester of introductory nutrition or equivalent;
  o All of above prerequisite courses were taken in the last five years from an accredited institution in the United States or Canada;
I am including a copy of my graduate transcript (unofficial) with a cumulative GPA of 3.2 or above on a 4.0 scale.

Email this completed form and scanned copies of GRE waiver documents to Dr. Sarah Couch at Sarah.Couch@uc.edu or fax GRE waiver documents to 513-558-7500, Attn: Dr. Sarah Couch

You will be notified by email of the decision regarding your request within 3 weeks.

For Department Use Only:

Waiver _____Approved _____Denied Date:_______________________

Graduate Program Director’s Signature: ____________________________

Approved 11-13-2015