

# GMAT Waiver Form



## Manning School of Business Graduate Programs

Name: \_\_\_\_\_ Student ID: (if applicable) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Program applied for (select one):      MBA                      MSA                      MSF                      MSITE                      MSBA

**Please mark the box next to the item which best describes the basis on which you are requesting a GMAT Waiver:**

- Earned a cumulative GPA of a 3.0 or greater in a baccalaureate degree (any major) from the University of Massachusetts Lowell within the past 10 years. **(Please Attach: Undergraduate Degree Transcript)**
- Earned a cumulative GPA of 3.0 or greater in a baccalaureate degree in business administration from an AACSB accredited institution within the last 10 years **(Please Attach: Undergraduate Degree Transcript)**
- Earned a cumulative GPA of a 3.5 or greater in a baccalaureate degree in business administration from a non-AACSB accredited institution within the last 10 years **(Please Attach: Undergraduate Degree Transcript)**
- Earned a cumulative GPA of a 3.5 or greater in UMass Lowell's Foundations of Business Certificate Program within the past 5 years. **(Please Attach: UML Foundations of Business Certificate Transcript)**
- Earned the appropriate minimum GPA in Financial Management, New Venture Creation or Accounting Certificate Programs. **(Please Attach: Transcript)**
- Have 8 or more years of full-time relevant professional work experience. **(Please Attach: Resume with references for all positions included in the 8 years)**
- Hold a graduate degree (Masters, PhD, JD, etc.) from an accredited institution. **(Please Attach: Transcript)**
- Hold a professional certification in the United States in a relevant professional field (CPA, CFA, etc.) **(Please Attach: Copy of certification)**

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- I acknowledge that UMass Lowell makes the final decision as to whether or not to waive the GMAT requirement.
  - I confirm that the information provided is complete and accurate and that records submitted are correct and official.
  - I acknowledge that my dates of employment may be verified.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please email MBA forms to [MBA@uml.edu](mailto:MBA@uml.edu)**

All other forms please email the appropriate Coordinators.

**MSA- [Stefanie Tate@uml.edu](mailto:Stefanie.Tate@uml.edu) / MSF- [ChanWung Kim@uml.edu](mailto:ChanWung.Kim@uml.edu) / MS ITE- [Ashwin Mehta@uml.edu](mailto:Ashwin.Mehta@uml.edu) /**

**MSBA- [Thomas Sloan@uml.edu](mailto:Thomas.Sloan@uml.edu)**

**Graduate Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

NOTES: \_\_\_\_\_

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**Director Approval only needed in special cases: \_\_\_\_\_**