



# School of NURSING

## OHSU School of Nursing

### Time Limit Waiver Request Form for Math and Science Coursework

Applicants to OHSU SoN programs can use this form to request a waiver on the math and science prerequisite and graduation courses that were completed beyond the 5 and 7-year time limits. **Please email this form along with the explanation materials to [proginfo@ohsu.edu](mailto:proginfo@ohsu.edu). Please allow up to 4 weeks for a response to your waiver.**

Time Limit Courses Include:

- **Anatomy and Physiology with lab:**
  - Prerequisite must have been taken within 7 years prior to starting the **3-year, ABS, or ABS-DNP/PhD programs**.
- **Nutrition:**
  - Prerequisite must have been taken within 7 years prior to starting the **3-year, ABS, or ABS-DNP/PhD programs**.
- **Microbiology with lab:**
  - Prerequisite must have been taken within 7 years prior to starting the **3-year, ABS, or ABS-DNP/PhD programs**.
- **Intro to Genetics/ Bio with Genetics:**
  - Prerequisite must have been taken within 7 years prior to starting the **ABS or ABS-DNP/PhD programs**.
  - Graduation requirement must have been taken within 7 years prior to starting the **3-year program**.
- **Basic Statistics:**
  - Prerequisite must have been taken within 7 years prior to starting the **ABS program**.
  - Prerequisite must have been taken within 5 years prior to starting the **ABS-DNP/PhD, MNE, HSOL, or DNP programs**.
  - Graduation requirement must have been taken within 7 years prior to starting the **3-year program**.

Note: This waiver does not guarantee that your courses will be waived. After review, you will be notified of whether or not your course(s) have been waived. If your waiver is denied, you will need to come up with a plan to take the indicated course(s) by the time the program starts, if admitted.

Please list the course(s) you are requesting a waiver for, the institution, and the year and term that you completed them.

Program(s) to which you are applying: \_\_\_\_\_

Prospective Program Start Date (Term and Year): \_\_\_\_\_

Approved/Denied (For Official Use Only)	Prerequisite/Graduation Requirement	Course Number/Name	Institution	Year Completed & Grade Received

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature (please print your name): \_\_\_\_\_ Date: \_\_\_\_\_

**For your waiver to be considered, please provide the catalog course description for the course(s) AND type or attach a written request for a waiver explaining your preparedness for our programs without having retaken the prerequisite course(s). Please provide evidence of preparation including the dates and length of experience. Please limit your response to one paragraph per course.**