



**STATE
TECHNICAL
COLLEGE**
OF MISSOURI

STATE TECHNICAL COLLEGE OF MISSOURI
PHYSICAL THERAPIST ASSISTANT PROGRAM
ACT TEST WAIVER REQUEST

Applicant name: _____
(Please print)

Higher Education Institution from which degree was awarded:

Degree awarded (BS, MS, AAS, etc.):

Year degree was awarded: _____

By requesting an ACT test waiver, I understand the number of points received on the Application Selection form will be determined by my **college** cumulative GPA in place of points received for the ACT test score.

Applicant Signature: _____

Date: _____

*All students applying to the PTA program **must** attend an Informational session. Please visit: <http://www.statetechmo.edu/academic/pta/index.php> for upcoming informational sessions dates.*

Office use only:

Received by: _____

Date entered: _____

Date application was submitted: _____

Cumulative GPA awarded: _____