

## Petition for English Proficiency Waiver

Student's Name: \_\_\_\_\_ Student's ID: \_\_\_\_\_  
 Name of Degree Program: \_\_\_\_\_

**You are aware that you have not met City U's minimum entrance requirement by either taking the TOEFL or the Accuplacer exams.**

**To be eligible for an English language proficiency waiver, you must have a TOEFL/Accuplacer score within 10-20 points of the minimum required score for the program for which you are applying.**

**You believe that you are a candidate for a waiver for the following reasons:**

1. \_\_\_\_ You have lived and worked in an English speaking country for at least 3-5 years. Please indicate the country and time spent:

Country	Time spent	Comment (Activities)

2. \_\_\_\_ You are originally from a country where English is the administrative language (i.e. India) and is widely used on a daily basis. Please indicate the country: \_\_\_\_\_

3. \_\_\_\_ You have taken ESL courses and completed a language certificate program which would be considered equivalent to City U's English Language Programs. Please indicate the date, location, and years of study.

Date	Location (City, country)	Years of study

4. \_\_\_\_ You have taken courses or received 45 quarter credits with a minimum of 2.0 GPA in an accredited university or college in the US or in another English-speaking country. Please indicate the date, location, and years of study. Please attach a copy of your transcript.

Date	Location (City, country)	Years of study	Level Undergraduate/Graduate	Credits completed	QTR	SEM

5. \_\_\_\_ Other (please explain):

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**Important steps**

1. Submit this petition to your advisor and it will be forwarded with your recent test scores to the ELP Director.
2. Please attach any supporting documents relevant to this request and give to the Advisor for comment.
3. Once received and reviewed, the ELP Director will contact you via email to schedule an interview if needed.
4. A decision for granting or denying the waiver will be sent via email to you and your advisor within 3 business days following the review.

\_\_\_\_\_

Applicant Name (printed) Signature Date

Applicant's email \_\_\_\_\_

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*To be completed by advisor*

**Advisor's Comments:**

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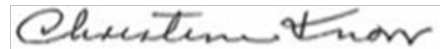
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**Recent test scores:**

Test Name	Date taken	Score

\_\_\_\_\_

Advisor Name (printed) Signature Date



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