



# OREGON SCHOOL *of* MASSAGE

9500 SW Barbur Blvd Ste 100 | Portland, OR 97219 | 800-844-3420  
2111 Front St NE Bldg 3-101 | Salem, OR 97301 | 877-588-8912

## Request for Waiver

Your request will be reviewed and you will hear back from a member of the Education Team.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Term: \_\_\_\_\_

Campus:   Portland   Salem

Course(s) \_\_\_\_\_

Situation and reason for request: \_\_\_\_\_

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I understand that submitting this form does not automatically waive the prerequisite or fee under review. Prerequisites and fees are not considered waived until the request has been reviewed and approved by the Education Team.

Signature: \_\_\_\_\_

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### **For office use only**

Completed by (Initials): \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

Approved   Denied

Reason: \_\_\_\_\_

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