



**Master of Accountancy (MACC)
GMAT/GRE Waiver Request Form
Department of Accounting and Finance**

*E-Mail Completed Form to MACC Director -
kwsmith3@ncat.edu*

Applicant Name _____ **E-Mail Address** _____

Contact Information

Current Street Address _____

City and State _____

Zip _____

Phone Number _____

Admission Period

Fall _____

Current MACC Application Status

_____ In-Progress

_____ Submitted

Academic Credentials

Degree Awarded _____

Granting Institution and Year _____

Overall GPA _____

Major (Accounting) GPA _____

For Departmental Use Only

Waiver Request Status – Granted? Y or N