GRAND VALLEY STATE UNIVERSITY
PHYSICIAN ASSISTANT STUDIES

Admissions Academic Request Form
2022 Coronavirus-Related Issues

2022 Fall Application
Academic Request Deadline: August 15, 2022

Name:	Date:
Email:	Phone:

Campus: (check only one) ☐ Grand Rapids ☐ Traverse City

Requests MUST be submitted with supporting documentation.
All decisions made by the GVSU PAS Admission Committee are final.

Type of Request	Supporting Documentation
Grade Substitution Request *GVSU PAS program requires all prerequisite courses to be completed with a LETTER (A, B, C) or NUMERICAL (4.0, 3.0, 2.0) grades. Prerequisite courses completed with Pass/Fail or Credit/No Credit are not acceptable substitutes. Exceptions to this include AP (advanced placement) credit, which is accepted.* ➢ If as a direct result of the Coronavirus school closures / remote learning you were required to complete a prerequisite course as Pass/Fail or Credit/No Credit and would like the program to consider this course as counting toward a prerequisite requirement, you may complete this form and provide all necessary supporting documentation. ➢ If you think that your prerequisite course grade was directly affected by the Coronavirus closures and you would like the program to take that into consideration, you may complete this form along and provide all necessary supporting documentation.	○ Detailed statement indicating which course was affected by the Coronavirus closures and how this directly affected your grade ○ Copies of unofficial transcripts from ALL schools attended, including documentation that the affected course was completed during the time of closures ○ Any supporting documentation regarding the Coronavirus closures from the University where the course was taken
Healthcare Experience Hours Requirement *GVSU PAS program requires 500 hours of significant volunteer and/or work and/or observational experience in a health care environment by the time of application.* ➢ If you think you were unable to meet this requirement as a direct result of the Coronavirus school closures / remote learning, you may complete this form and provide all necessary supporting documentation.	○ Detailed statement indicating how your ability to complete health care experience hours was affected by the Coronavirus closures ○ Description of health care experience hours that have been completed
Other Request (write in type of request below)	○ Brief, detailed statement indicating the reason for the request ○ Supporting documentation