



TOEFL Procedure Waiver Request

TOEFL Waiver requirements:

TOEFL waiver request received during the date blocks below may be evaluated after that specific class application process has ended. This delay in the evaluation process may affect your application status.

January Entry - October 1 –November 1

August Entry - May 1 – June 1

Required Waiver documentation:

1. Waiver request form
2. Official College Transcriptions showing completion of 4 different college level English courses and 1 college level communication course with a “B” or better.
3. Course descriptions
4. Mail all documents to:
Hill College
Health and Community Services Department
2112 Mayfield Parkway
Cleburne TX 76033

Board of Nursing requirement

(High School Graduates OR GED)

- Official High School Transcript with a date of graduation/completion or *GED scores (Mandatory for ALL applicants)*.
- Out of Country High School Transcripts must be translated into English by a certified translator. The original document must be also be submitted.

TOEFL Procedure *Demonstrate English proficiency as an admission requirement.*

This may be demonstrated by:

1. *2 years of High School in the United States and its territories.*
- Or
2. *Submission of acceptable scores from the Test of English as a Foreign Language Test (TOEFL) within two years of the posted deadline date of program application.*

TOEFL minimum passing: *Internet score of 80 or a computer-based TOEFL score of 250 or a paper/pencil test score of 600. Scores will not be considered if they are more than two years old. TOEFL Test score reports must be sent directly to the Health Science Department from the testing center. Information about the TOEFL may be obtained from the web site: www.ets.org/toefl or by calling 1-800-468-6335.*

TOEFL Waiver (RN applicants only) *The student can request a TOEFL waiver form from the Health Science department if they meet the following criteria: completion with a “B” or better of 4 different college level English courses and 1 college level communication course; from an accredited US college/university.*

TOEFL Waiver (VN applicants only) *The student can request a TOEFL waiver form from the Health Science department if they meet the following criteria: completion with a “C” or better of 4 different college level English courses and 1 college level communication course; from an accredited US college/university.*



Hill College
Health Science
TOEFL Procedure Waiver

Prospective Students Name: _____

Prospective Student's Major (check only one)

___ Vocational Nursing ___ ADN Transition ___ ADN

___ Echocardiography Technician ___ EMT - Paramedic

Phone number _____ Email _____

Date sent to evaluator: _____ Date returned from Evaluator: _____

Documents for evaluation:

___ Official College Transcript(s) ___ Course Description(s) ___ Syllabus

Course(s) for waiver consideration

College(s)/year attended

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

Prospective student Signature

Date

Dean of Instruction, Health and Community Services Department

Date