



Request for Waiver of Admissions Requirements *

Name: _____ DOB: ___/___/___

Address: _____

_____ Phone Number: _____

Current School: _____ Grade: _____

College Semester: _____ Academic Year: ___/___

Course Title(s) & Number(s) for which the student wishes to register:

Course Number & Title	Approved	Not Approved

The requirements for admission into any of the *Community Colleges of Colorado* state that students must be at least seventeen years of age. The college president may grant a waiver based on extenuating circumstances. If approved, this waiver applies only to specific courses and does not constitute admission to the college. The College's Director of Advising will review the waiver request, along with the supporting materials, and forward a recommendation to the president, who shall make the final decision.

In order to help ensure that those requesting a waiver will be successful in a postsecondary environment, please submit the following materials to support your request.

1. ___ Official transcript(s) of all education completed (required)
2. ___ Completion of CCA academic assessment tests (required)
3. ___ Official copies of additional standardized test results (ACT/SAT)
4. ___ Letter(s) of recommendation from:
 - ___ a school-based committee, signed by the principal, stating that the student has exhausted the educational alternatives offered by the district and is academically and socially prepared for a postsecondary environment.
 - ___ a child development specialist stating that the student has the necessary skills to successfully participate in a postsecondary environment.
 - ___ a person who can attest to the academic preparation and social readiness of the student.
5. ___ Portfolio of relevant educational accomplishments

Parent or Official Guardian:

My signature below indicates that I understand that, should my son or daughter be admitted into a course(s), the college has no responsibility to provide any special accommodations in consideration of the student's age, nor is the school district obligated for any costs associated with the enrollment.

Denial of a waiver request may also occur due to liability, health and safety, and accreditation issues.

Printed Name of Parent or Guardian: _____

Signature: _____ **Date:** _____

Relationship to student: _____

Director of Advising Recommendation: _____

Signature _____ Date: _____

College President: The College has reviewed your request for waiver of admissions requirements and has your enrollment in the course(s) on page one has been.

Approved Not approved

Signature of College President: _____ **Date:** ____/____/____

Linda Bowman, Ph.D.

* Please note that a request for waiver must be submitted for each semester until the student reaches the age of seventeen, unless the student has a high school diploma or a GED. Additional supporting documentation is welcomed at any time.

PLEASE RETURN THE COMPLETED FORM TO:

Director of Advising
Community College of Aurora
16000 E. CentreTech Parkway
Aurora, CO 80011