



Request for Waiver of Admissions Requirements

Student Name (print): _____

S#: _____ Phone: _____

Student E-mail: _____

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Requirements for request:

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 an admissions waiver for students under the age of 17* under certain conditions, including assessment at the college level (for example Accuplacer minimum scores: elementary algebra (EA) = 85+, sentence skills = 95+, reading comprehension = 80+), maturity and desire to attend college, and other supporting documentation. If approved, this waiver applies only to specific courses and does not constitute admission to the college. The Director of Advising and/or the Dean of Student Development and Retention must initiate the waiver process. The waiver request along with all supporting materials will be forwarded for recommendation to approve to the Chair and Dean of the Department. The final recommendation for approval must be made by the Academic Provost and finalized by the College President, who shall make the final decision. ***Policy BP-410**

In order to help ensure that those requesting a waiver will be successful in a postsecondary environment, the following materials will be used in determining the merits of the request. Please indicate the materials you are submitting in support of the request.

All materials are must be submitted to the Dean of Student Development and Retention no later than two weeks prior to the beginning of the semester in order to initiate the waiver approval process.

Please send complete application packet to: Community College of Denver, Dean of Student Development and Retention, Campus Box 203, P.O. Box 173363, Denver, CO 80217-3363 **OR** email to: OSDR@ccd.edu **OR** hand deliver materials to the Dean of Student Development and Retention Office located in CCD Confluence Building – Room 123.

Mailing Address: Campus Box 203 | P.O. Box 173363 | Denver, CO 80217

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Check list of Materials: (*staple to this request*)

- Community College of Denver Application for Admission (**required**)
- Official transcript(s) of all education completed (**required**)
- Completion of standardized placement test/assessment (**required**)
 - **Test scores must demonstrate college level in all areas**
- Official copies of standardized test/assessment results that demonstrate (**required**)
 - *May be included on some high school transcripts*
- One letter of recommendation (**required**)
 - A school district representative stating the student has exhausted the educational alternatives offered by the district **OR**
 - A school counselor or child development specialist stating the student has the necessary skills to successfully participate in a postsecondary environment.

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____

Current School: _____

College Semester and Year:

Spring Summer Fall Year: _____

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student Signature: _____ Date: _____

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Courses for which student wants to register:

CRN (5 digit #)	Course Number (e.g. ENG 121)	Course Title (e.g. English Composition II)	Approved	Not Approved

Parent or Legal Guardian: *By signing below 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. Denial of a waiver request may also occur due to liability, health and safety, and accreditation issues.*

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Relation to Student: _____

Internal Use Only: *Please Sign if you recommend, N/A if you do not recommend*

Dean of Student Development & Retention Name: _____

Dean Signature: _____ Date: _____

Department Chair Name: _____

Department Chair Signature: _____ Date: _____

Department Dean Name: _____

Department Dean Signature: _____ Date: _____

Provost Name: _____

Provost Signature: _____ Date: _____

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President Name: _____

President Signature: _____ Date: _____

For use if there are more than one Department Chair and Dean who need to approve:

Second Department Chair Name: _____

Department Chair Signature: _____ Date: _____

Second Department Dean Name: _____

Department Dean Signature: _____ Date: _____

Third Department Chair Name: _____

Department Chair Signature: _____ Date: _____

Third Department Dean Name: _____

Department Dean Signature: _____ Date: _____

Fourth Department Chair Name: _____

Department Chair Signature: _____ Date: _____

Fourth Department Dean Name: _____

Department Dean Signature: _____ Date: _____