



On-Campus Concurrent Waiver Request

Student ID #: _____ Name: _____

Reason for Waiver Request (check all that apply):

- High School GPA is below 3.0
- NWACC GPA is below 2.0
- Request to enroll in more that seven (7) credit hours this semester

Waiver Requested for Fall Spring Summer _____

High School: _____ Cumulative High School GPA: _____

ACT/COMPASS Scores: Reading _____ Math _____ English/Writing _____

Proposed college courses: _____

Total proposed college hours this semester: _____ Job hours this semester: _____

Total proposed high school classes this semester and names: _____

Reason student requests waiver this semester (and attach high school transcript): _____

High School Counselor's comments (REQUIRED): _____

I recommend the student take the above course(s) without reservation.

Counselor's signature Date

Student's Signature Date

NWACC Representative Date

NWACC Admissions Only

Waiver action processed by: _____ Date: _____

NWACC Use Only

NWACC GPA: _____

- Test Scores Attached
- List of courses completed attached
- High school transcript attached