



ARAPAHOE COMMUNITY COLLEGE

WAIVER of AGE REQUIREMENT

Student Name _____ ID # _____

Date of Birth _____ Age _____ Grade _____

CPT Scores

ACT Scores

SAT Scores

RC _____

ENG _____

VERB _____

SS _____

MAT _____

MAT _____

AR _____

EA _____

COURSE(S) TO BE TAKEN: _____

REVIEWED BY

Course instructor

Approved _____

Denied _____

Comments _____

Signature: _____

Date: _____

High School Relations

Approved _____

Denied _____

Comments _____

Signature: _____

Date: _____

President or designee

Approved _____

Denied _____

Comments _____

Signature: _____

Date: _____

Received: Application _____ HS Transcript _____

HS Recommendation _____ Test scores _____ Student letter _____

Consent form _____ Statewide Agreement _____