Washington County Community College
Calais, Maine
Discover Choices • Create Success

One College Drive
Calais, ME 04619

Admissions Office

207-454-1000
Instate: 800-210-6932
Fax: 207-454-1092

COLLEGE TRANSCRIPT WAIVER REQUEST FORM

As part of the Admissions process, WCCC requires students to submit official transcripts from any previously attended college (s). Students wishing to have that requirement waived, must submit this form.

Student Information

Last Name: _____First Name: _____M.I.: _____

Mailing Address: _____City: _____ State: _____ Zip: _____

Phone Number: _____ Mobile Phone Number: _____

Cell phone carrier: ☐ US Cellular ☐ Verizon ☐ AT & T ☐ Tracfone ☐ Other _____Text Updates: __Yes __No

Student ID #: _____ Email address: _____

Program of Study:_____Date of Birth:_____

Please Select the Reason for Requesting this Waiver:

☐ I did not receive any college credit while attending the college/university.

☐ I cannot obtain the transcript because the college/university has since closed.

☐ I attended over 10 years ago and will not receive transfer credit.

☐ I am unable to obtain the transcript due to financial difficulties.

Please list the college (s) you are requesting the waiver for as well as <u>dates of attendance</u>:

_____

_____

By signing this form, I understand that I am waiving my right to any transfer credit from the college (s) listed above and will therefore have to enroll in all required courses for my program. I also understand that I am waiving the requirement as part of the Admissions process and may be asked to provide the transcript as part of the Financial Aid process.

Student Signature: _____ Date: _____

Approval:

_____ Date: _____
Dean/Associate Dean of Enrollment Management & Student Services