

Request for Waiver of Admissions Requirements

For Students Who Are Under Age 17

State Board for Community Colleges board policy BP 4-10 states in part, “. . . it is the policy of the Board to admit students who are 17 years of age or older. The college president may grant a waiver of the minimum age based on extenuating circumstances unique to the role and mission of community colleges.” It is the purpose of this document to request a waiver of minimum age requirements for the student identified below.

(Please PRINT legibly)

Name: _____ Age: _____ Date of Birth: ____/____/____

Address: _____

Email Address: _____ Phone Number: _____

PPSC Term(s)/Year(s) Requested: _____ Student ID (S#): _____

STUDENT CERTIFIES

By signing this document I commit to the following:

1. I am enrolling in PPSC to accomplish educational goals beyond the reach of my current school.
2. I have, have not (please check one) completed either high school or a homeschool program.
3. I will comply with all PPSC rules and regulations including, but not limited to, the standards of conduct and disciplinary codes described in the PPSC Student Handbook and the PPSC School Catalog.

Student's Signature: _____ Date: _____

PARENT OR OFFICIAL GUARDIAN CERTIFIES

By signing below I understand:

1. Enrolling my student at PPSC does not in and of itself fulfill my obligations to meet Colorado's Compulsory Education law.
2. My student, though under the age of 17, has demonstrated the capacity to learn and the maturity to handle the rigors and content of college level classes, and will be granted no special accommodations in consideration of my student's age.
3. I have verified that the courses in which my student is enrolling are appropriate to his/her educational goals.
4. I understand that students who have completed a homeschool program may be eligible for federal financial aid after successfully completing six college credits.
5. I am fully responsible for the cost of the classes in which my student enrolls, including tuition, books and fees. I am aware that my student may apply for the College Opportunity Fund (COF) and may use COF funds to offset the cost of these classes.
6. I understand that to access my student's records, including grades, attendance, and disciplinary actions, the student must sign a waiver or I must provide my most recent tax records verifying that the student is a dependent.

Parent or Official Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship to student: _____

OFFICE USE ONLY:

President of PPSC or Designee: Approved Disapproved

Reason: _____

Signature: _____