## **Barton County Community College Class Waiver Form**

The following student has appealed to have a class waived. Name: \_\_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_ City Street State Zip Phone No: \_\_\_\_\_ Date: \_\_\_\_ Class you wish to have waived: Please attach a letter explaining the extenuating circumstances concerning the request for class waiver. Outline briefly, your future plans: If a medical condition exists, a doctor's permit must be attached indicating the need to have this class waived from the requirements for an associate degree. Date Student Signature D Office Use Only: Reviewed by: \_\_\_\_\_ Comments: \_\_\_\_\_ Reviewed by: \_\_\_\_\_ \_\_\_\_\_Comments: Reviewed by: Comments: Approved: o Yes o No Vice President of Instruction & Student Services Signature: Comments: \_\_\_\_\_ ......