

Clackamas Community College
Advanced College Credit
2011-2012
YEARLY FEE WAIVER CONTRACT

Student's Name **(PLEASE PRINT)**: _____ CCC Student ID #: _____

Address _____ Date of Birth: _____

Name of High School: _____

Waiver Awarded for Academic Year: _____

This waiver is given upon the condition that you complete your classes in good standing, are in compliance with rules of conduct set by the instructor and the college for each ACC course, and are passing all courses with a minimum 2.00 grade point average.

Further conditions of this waiver are:

As the student recipient, you are responsible for the timely registration of all of your ACC classes. Failure to fulfill your responsibilities as outlined in this contract will result in the cancellation of your waiver.

I accept the Fee Waiver, and I agree to the terms described herein.

Student Signature: _____ Date: _____

High School Counselor: _____ Date: _____

Phone Number: _____

Authorizing Signatures: _____ Date: _____

ACC Coordinator

Date: _____

ACC Program Administrator

For Processing Use Only:

(Account # 12-1435-00-10026-44125)

Waiver Forwarded to Student Accounts _____ Date _____ Initial