



Placement Waiver

This waiver only applies to the following courses:

*MATH 1140, 1150, 1380, 1410, 1600, 2000, 2040, 2070, 2080, 2170, 2210
BSAD 2170*

| | | | |
|----------------------|--|-------------|--|
| CCC ID Number | | Date | |
| Student Name | | | |

| Term | Alpha | Course Number | Section Number | Course Title |
|------|-------|---------------|----------------|--------------|
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Central Community College promotes the success of all students.

By signing this form, I acknowledge:

- I understand I am registering for a course above the recommended course placement.
- I understand it is in my best interest to reach out to my instructor and utilize tutoring/academic success centers if I start to struggle with concepts in the course.

| | |
|-------------------|--|
| Student Signature | |
|-------------------|--|

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|---|--|
| Parent/Guardian Signature (if Early College) | |
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|---|--|
| CCC employee who reviewed placement waiver with student | |
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Notes:

Completed form needs to be submitted to the Registration Office.