DALLAS COLLEGE

3939 Valley View Lane 3030 N Farmers Branch, TX 75244 Lancas	lorth Dallas Avenue 373 ter, TX 75134 Mes	Richland Campus 12800 Abrams Roa Dallas, TX 75243 972-238-6101	
TRANSCRIPT WAIVER AGREEMENT			
LAST NAME:	FIRST NAMI	E:	MI:
STUDENT ID: SEMESTER/YEAR:			
The Dallas College policy requires college work attempted. I am request			
► I am a non-degree seeking s	tudent		
▶ I am age 65 years or older			
	a degree-seeking student, I un nt and I agree to furnish offici		
If the course I am registering for requires a pre-requisite, I agree to furnish the official transcript from the school where I took the required course.			
I have read the above information an	d I certify the information give	n on this form is comple	ete and accurate.
Student Signature		Today's Date	
Admissions Representative		Today's Date	

PHOTO IDENTIFICATION IS REQUIRED WITH FORM.

Original form to student/Copy with Photo ID to be scanned