

High School/GED Transcript Waiver 2022-2023

Financial Aid Office 7390 S. 6th Street Klamath Falls, OR 97603 (541) 882-3521 www.klamathcc.edu

(Please print and complete in blue or black ink)

| www.kiamaciec.edu | | | |
|--|---|--|---------------|
| Last Name | First Name | Middle Initial | |
| Social Security Number | | | |
| must have a high school di • General Education | oloma (modified diploma on Development certifica | r July 1, 2012 and receive federal finan a excluded) or a recognized equivalent a ate (GED) or am that meets your state's requirement | as follows: |
| You were enrolle | d in an aid-eligible prog | to July 1, 2012 if the following is true: ram at KCC or another college AND redel or higher) with a grade of C or better. | |
| | Please check one | e of the following: | |
| | | eligible program at KCC or another colled dits with a grade of C or better. | ge and |
| Number of Credits | | Institution | |
| Date(s) of Attendance | | | |
| I have not attended ar | nother college. | | |
| You must take the follow transcript waiver: (initial | _ | can determine if you are eligible for eted): | a |
| Request official trar | | s colleges attended. These should be s | sent directly |
| | | on Request Form (available from Stude gistrar). You must submit this form to the | |
| Student Signature: | | Date: | |