

Highest ACT/CPP on file _____ Date of Test _____

Total College Hrs. Earned _____ Total GPA _____

REQUEST TO WAIVE OTHER COLLEGE CREDITS AND GRADES GUIDELINES & INSTRUCTIONS:

1. Credits and grades earned at JCC CANNOT be waived; they must be counted (See academic bankruptcy).
2. You cannot request that only a part of a college transcript be waived; it must be waived on an "all or nothing" basis.
3. It is your responsibility to list below ALL accredited colleges and universities wanted included in GPA. Please provide us with transcripts from them as indicated in Number 4.
4. It is your responsibility to see that the Downtown Campus Testing Office is MAILED OFFICIAL COPIES OF TRANSCRIPTS FROM THE COLLEGES/UNIVERSITIES YOU LIST BEFORE THE DEADLINE FOR APPLYING TO THE PROGRAM. Mail official transcripts to: Testing Office, Jefferson Community College, 109 E. Broadway, Louisville, KY 40202.
5. It is your responsibility to see that a photostatic copy of the above transcripts MUST be forwarded to the Radiologic

Technology Program.

List ALL colleges/universities which you want included in GPA. (Refer to #2 above)

Name of Colleges City, State

1. _____
2. _____
3. _____
4. _____
5. _____

DECLARATION: I request that only the credits of grades I received at the institution(s) I listed above plus any I may have earned at JCC be considered by the Admissions Committee when reviewing my application for admission to the program.

Signature *Date*