



## Request for Waiver of Admissions Requirements For Underage Students

*Students under the age of 17 who are not participating in the Concurrent Enrollment Program with their high school district must request a Waiver for Admissions Requirements for Underage Students.*

***Students under the age of 17 are not guaranteed open enrollment.***

*If you are participating in the Concurrent Enrollment Program please contact the High School Relations Office at (303-914-6350) to complete the required paperwork.*

### Steps to complete enrollment:

1. Complete the RRCC application at <http://www.rrcc.edu/admissions/>. Including the **online orientation, COF, and student Email activation**. For assistance please contact the Admissions office at 303-914-6365. *Being issued a student ID number does not guarantee underage enrollment acceptance.*
2. Obtain a request for “Waiver of Admissions Requirements” at the Lakewood Campus from the Program Assistant (303-914-6388) in the office of the Vice President for Student Success, located in Room 1219. You may also obtain the waiver from the Information Desk at the Arvada Campus or at [www.rrcc.edu/hs/forms](http://www.rrcc.edu/hs/forms).
3. The **Accuplacer** test is required prior to registration, and includes a college-monitored writing sample for all students under the age of 17 entering for the first time. An appointment is **not** necessary, however you may contact Assessment Center at 303-914-6720 for check-in hours. You do not need to complete all test sections during the same visit. A photo ID (driver’s license, student ID or State of Colorado ID card) is required. No exceptions.
4. If you are requesting enrollment in an advanced foreign language class, you will need to contact the coordinator of the Foreign Language department to schedule a foreign language placement test. Contact Meredith Hibt at 303-914-6557 or [meredith.hibt@rrcc.edu](mailto:meredith.hibt@rrcc.edu) to set up this appointment.
5. Return your completed and signed packet including the Payment Agreement, and supporting documentation to the program assistant in the office of the Vice President for Student Success located on the Lakewood campus (Room 1219).
6. When the completed packet of information is received by the Program Assistant it will be evaluated for completion and forwarded with a recommendation to the Academic Standards Committee for review. **In all cases, all applications for a waiver of age requirements must be submitted for review at least 2 weeks before the first day of the semester. Late waiver applications cannot be guaranteed for review prior to the semester start date.**
7. After a final decision has been reached, you will be contacted by phone or email of acceptance or denial.
8. Once acceptance is established, underage students will be notified of the decision and registered for the course/s by the Program Assistant in the Office of the Vice President of Student Success. You are responsible for payment of all tuition and fees. It is your responsibility to know and understand all policies and procedures relating to course withdrawals and tuition refunds.
9. **Participation in enrollment to RRCC begins a student’s college experience and a permanent college transcript.** *In contrast to the AP program (where college credit is granted upon successful completion of a national examination and no record is kept on the student’s college transcript if the exam is not passed), registration for enrollment constitutes a commitment to enter the final course grade on the student’s permanent college record, regardless of the results.* Furthermore, credit is earned by performance and participation throughout the course, rather than by an exit examination alone.
10. If you have any questions or concerns about the Underage Waiver process, please feel free to call the Program Assistant in the office of the Vice President of Student Success at 303-914-6388.

**\*Request for Waiver of Admissions Requirements**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Red Rocks S Number: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail \_\_\_\_\_ Phone Number: \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Semester for enrollment:     Fall    Spring    Summer    Year: \_\_\_\_\_

**Please enter course information below:**

| CRN | Course | Section Number | Credit Hours | <i>For Office use only</i>        |                                      |
|-----|--------|----------------|--------------|-----------------------------------|--------------------------------------|
|     |        |                |              | <input type="checkbox"/> approved | <input type="checkbox"/> disapproved |
|     |        |                |              | <input type="checkbox"/> approved | <input type="checkbox"/> disapproved |
|     |        |                |              | <input type="checkbox"/> approved | <input type="checkbox"/> disapproved |
|     |        |                |              | <input type="checkbox"/> approved | <input type="checkbox"/> disapproved |

The requirements for admission into any of the *Community Colleges of Colorado* state that students must be at least seventeen years of age. The college president may grant a waiver based on extenuating circumstances. If approved, this waiver applies only to specific courses and **does not constitute admission to the college**. The College’s Academic Standards Committee will review the waiver request along with the supporting materials, and forward its recommendation to the president, who shall make the final decision. **All applications for a waiver of age requirements must be submitted for review at least 2 weeks before the first day of semester classes.**

In order to help ensure that those requesting a waiver will be successful in a postsecondary environment, the following materials will be used in determining the merits of the request. Please submit the following documents:

1. \_\_\_\_\_ Official transcript(s) of all education completed.
2. \_\_\_\_\_ Completion of RRCC academic assessment tests and college-monitored writing sample. **A Colorado ID (or other acceptable forms of picture ID) is required when taking the assessment tests, no exceptions.**
3. \_\_\_\_\_ Completion of foreign language placement test (*required for students requesting an advanced-level foreign language class*)
4. \_\_\_\_\_ Letter(s) of recommendation from:
  - a. \_\_\_\_\_ a school-based committee, signed by the principal, stating the student has exhausted the educational alternatives offered by the district and is academically and socially prepared for a postsecondary environment
  - b. \_\_\_\_\_ a child development specialist or other professional stating the student has the necessary skills to successfully participate in a postsecondary environment

**(cont.)**

**Request for Waiver (cont.)**

- 5. \_\_\_\_\_ Official copies of additional standardized test results
- 6. \_\_\_\_\_ Portfolio of relevant educational accomplishments

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**Student:** I authorize Red Rocks Community College to release information regarding this waiver process or my academic record, upon request, to the Parent or Official Guardian listed below. I also understand that no special class accommodations will be made solely in consideration of my age.



Have you applied for the College Opportunity Fund (COF)? If you are a Colorado resident, you must apply for COF to receive the in-state tuition stipend which pays for a portion of your tuition. Your signature authorizes Lifetime Payment of your COF stipend (if eligible) to RRCC for all courses listed above. Students can apply for COF at [www.rrcc.edu](http://www.rrcc.edu).

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Official Guardian:** By signing below I understand that, should my son or daughter be admitted into a course(s), the college has no responsibility to provide any special accommodations in consideration of the student's age, nor is the school district obligated for any costs associated with the enrollment.

Denial of a waiver request may also occur due to liability, health and safety, and accreditation issues.

**Printed Name:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

**Social Security Number (for billing purposes):** \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**College President:** The College has approved/disapproved your enrollment in the course(s) indicated above.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\*Please note that a registration form must be submitted to the Vice President's office for each semester until the student reaches the age of seventeen. Additional supporting documentation is welcomed at any time.

**PLEASE RETURN THE COMPLETED FORM TO:**

Office of the Vice President for Student Success  
Red Rocks Community College  
13300 West 6<sup>th</sup> Avenue, Box 8  
Lakewood, CO 80228-1255