

Office of Financial Aid ACE Graduate Class Waiver Request

A Great Place To **Start**™ A Member of the Alabama Community College System

Completers of the Alabama Career Essentials (ACE) Program are eligible to receive one free college course (up to 4 credit hours). Please complete the form and follow the submission instructions below if you have completed the program and wish to use your one free class at Bishop State.

Student's Last Name	First Name	M.I.	Bishop Student ID Number	
Student's Date of Birth	Last 4 digits of SSN		Bishop Student Email	
Please check the semes	ster that you desire t	o use your ACE	Waiver:	
Fall	Spring	Summe	r	
Please acknowledge/co	omplete the followin	.g:		
The I am I mu	waiver is for one fre responsible for pay	e class (up to 4 c ing any and all ch to the Financial A	harges not waived by this program. And Office at Bishop State Community	

By signing below, you are authorizing Bishop State Community College to request information from the Alabama Community College System.

Student's Signature no electronic signature - must be original Date

FOR OFFICE USE BELOW THIS LINE						
ACCS confirmation?	Tuition waived: \$	Semester:	Date:			