

Office of Financial Aid

GED Graduate Class Waiver Request

A Member of the Alabama Community College System

Please complete the following information in ink. Incomplete forms will not be considered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Last Name First Name M.I. Bishop ID Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@bishop.edu

Student’s Date of Birth Last 4 digits of SSN Bishop Email

Please check the semester that you desire to use your GED Waiver:

\_\_\_\_\_ Fall \_\_\_\_\_\_ Spring \_\_\_\_\_ Summer

Please acknowledge the following:

\_\_\_\_\_\_\_\_ Attach a copy of your class schedule.

\_\_\_\_\_\_\_\_ The waiver is for one class free class only.

\_\_\_\_\_\_\_\_ I am responsible for paying any and all charges not waived by this program.

\_\_\_\_\_\_\_\_ I must submit this form to the Office of Financial Aid at Bishop State Community

College PRIOR TO THE FIRST DAY OF CLASSES.

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

no electronic signature, must be original

**------------------------------------------FOR OFFICE USE BELOW THIS LINE ---------------------------------------**

Tuition: \_\_\_\_\_\_\_\_\_\_\_\_\_ Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_