



Waiver for Temporary Admissions

NAME: _____ *DOB:* ____ - ____ - ____ *TSC ID:* _____
(Please print)

ADDRESS: _____ *PHONE Home:* (____) ____ - _____
(Street)

(City) (State) (Zip Code) *Work:* (____) ____ - _____

Cell: (____) ____ - _____

E-MAIL: _____

I understand that I am admitted on a **TEMPORARY** basis until my OFFICIAL transcript(s) is submitted to the Office of Admissions and Records.

I understand that I will not be allowed to register for the following semester(s) until my OFFICIAL transcript(s) have been received and cleared.

I understand that if I am receiving Financial Aid, future eligibility for aid cannot be determined until my admission is complete.

I understand that I am being allowed one semester with a copy of the transcript(s) from my other institution(s).

I will provide an OFFICIAL transcript(s) from all other institution(s) that I attended before the end of the semester.

Official Transcript from each college previously attended:

Institution Attended	Dates Attended

OFFICE of the Admissions and Records USE ONLY:

Received by: _____ Date: _____