



# HD109 Waiver Request Form

Blue Mountain Community College  
2411 NW Carden, P.O. Box 100  
Pendleton, OR 97801  
(541)278-5759 Service Center  
(541)278-5871 Fax  
[getinfo@bluecc.edu](mailto:getinfo@bluecc.edu)

BMCC ID: \_\_\_\_\_ - \_\_\_\_\_ OR

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

### 1. Indicate which of the following criteria you meet in order to qualify for this waiver:

- A. \_\_\_\_ Have a minimum of 24 transfer credits from another institution with a cumulative grade point average (G.P.A.) of 2.0 or better.
  - **Attach** an unofficial transcript from your prior college/s that includes your name.
- B. \_\_\_\_ Have a minimum of 12 or more credits from Blue Mountain Community College (BMCC) with a cumulative grade point average (G.P.A.) of 2.0 or better. Credits earned while in high school do **not** count towards the 12 credit minimum.
- C. \_\_\_\_ Have an associates, bachelors or masters degree.
  - **Attach** an unofficial transcript from your prior college/s that includes your name and degree earned.
- D. \_\_\_\_ Registered at BMCC in one of the following courses: ED100 or CET111

### 2. Sign and date your request below.

### 3. Fax, mail or email your signed form and supporting documentation to BMCC's Pendleton Service Center.

Waiver requests received without supporting documentation will not be processed.

I am requesting a waiver of HD109 based on meeting one of the qualifications listed above and have attached supporting documentation for my request.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

<b>Office Use Only:</b>	
____ Meets requirements for waiver	____ Does not meet requirements for waiver
_____ Registrar <b>or</b> Assistant Director, Advising & Testing	_____ Date
_____ AVP, Enrollment Management	_____ Date
Date Processed, student, and advisor notified: _____	