



Office of Admissions

ADVANCED PLACEMENT CREDIT WAIVER FORM

*Last Name:	*First Name:
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*Complete Social Security number:

Freshman []	Transfer []	*Entry year:	*Entry Term: Spring [] Fall []
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I am waiving my advanced placement transfer credits given for:			

I am waiving my advanced placement transfer credits, because I wish to repeat the course at City College. I have discussed my plans to waive my credit with (*name of academic advisor):

I understand, once the credits for my advanced standing have been removed from my City College record, they will not be restored at any time in the future for any reason.

*Signature:	*Date:
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***Request forms submitted to the Office of Admissions without required fields will not be processed.**

For office use only:	Date course credits removed:	Evaluator:
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