

MANCHESTER COMMUNITY COLLEGE Admissions Waiver of Advisement

To be completed by the student's parent or guardian and returned to Admissions Office, MS #12, Manchester Community College, P.O. Box 1046, Manchester, CT 06045-1046 or fax form to 860-512-3221. Questions: contact Admissions at 860-512-3214 or email ma-admissions@manchestercc.edu.

KLQUIKLD							
l, (parent/guard	lian)						
Parent/Guardian First Name			Mlast Name				
	d the following is	ssues regarding Manc		ommunity College with	my child,		
Child First Name				M Last Name			
Banner ID							
		in a fautha fallawina a					
, wnom is regist	subject	ing for the following co	ourse(s): TITLE		CREDITS	DAY(S)	TIME
V	3334251					2711(0)	
have been adv	vised that:						
• The text mat	terial or other tead	ching material(s) and co	ntent ma	y be inappropriate for any	one under '	18;	
Both course	-related discussio	n and student-to-studer	nt interac	tion may be inappropriate	for anyone	under 18;	
• The college	syllabus for the co	ourse will not be altered	l in any w	ay to meet the needs, inte	rest or desir	res of either my child o	or me;
• The grading	/evaluation criteri	ia will not be altered in	any way	rom that which is stated ir	n the course	syllabus;	
• FERPA laws	apply to my child	and I understand that t	he colleg	e and its employees must	adhere to Fl	ERPA.	
		vide remediation in wri NLYTO DEVELOPMENTAL		nose who have finished se G)	condary sch	ool, rather than enrich	ment for a child under
•		•	ld and I	agree to take full respo	nsibility for	r the outcome of this	s course and agree to
aunere to an co	ollege policies a	na procedures.					
Student Signature						Date	
J							
Parent Signature						Date	
Parent Signature						Date	
Parent Signature Associate Director/	/Designee Signature	e				Date	