

CONTINUING EDUCATION & WORKFORCE DEVELOPMENT

STUDENT/TRAINEE WAIVER FORM

I, (please print name here)	, acknowledge that
(Course Number & Title)	is designated for the
purpose of professional development, and as such	student fees will not be as allowed. I further
acknowledge that this course may not now or ever	r be used toward a degree or certificate at Guam
Community College.	
ACKNOWLEDGED BY:	
	_
Print Name	
	_
Signature	
Job Title	_
,	
Student ID #	_
Date	_