



Extended Studies & Workforce Education
 Norwalk Community College
 188 Richards Avenue - Room W102
 Norwalk, CT 06854

Health Care Assessment Test
Waiver Request Form

Please complete form (print legibly), attach appropriate documentation, and return to the Extended Studies & Workforce Education office at the address above.

Student ID#: _____ Email Address: _____

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State/Zip: _____

Telephone Numbers: Home _____ Cell: _____ Work: _____

I would like to receive a waiver for the Health Care Assessment Test for:

Certified Nurse Aide and/or Phlebotomy and/or Pharmacy Tech

I attached a copy of my college transcript for review and consideration.

I read and understand the refund policy below and also understand that I cannot request a refund due to the intensity of the course content, schedule, or other circumstances not mentioned in said policy.

Student Signature

Date

Refund Policy:

A student who withdraws by the last BUSINESS DAY (24 hours) prior to the class start date is entitled to a full refund. No refund will be made after the first class meeting of the course except in cases of: serious illness, call to active military duty, or other extenuating circumstances. Documentation will be required by the Division of Extended Studies to support the refund appeal. If awarded, refunds are issued by check in the student's name.

To be completed by Extended Studies and Workforce Development

Request was reviewed and Approved Denied

Kristina Testa-Buzzee, Ed.D

Date

Interim Associate Dean of Extended Studies and Workforce Development

Comments: _____

Date Created: 12/16/15

Dated Revised: 12/16/15

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