



Transcript Waiver

Transcript Waiver for Semester: _____ Year _____

Student Name: _____ LSCS ID # _____

I understand that I may enroll at Lone Star College System providing I submit official transcripts from all regionally accredited colleges attended or currently attending:

Name(s) of College or University _____

I understand that if the official transcripts listed above are not received in the admissions office by the start of the next registration period, I will not be allowed to register for future semesters and I will be unable to receive an official transcript of my grades at LSCS.

Student Signature: _____ Date _____

Approved Signature: _____ Date _____



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