Opportunity Tuition Waiver
Dual Credit Contract

Student: _____ Social Security Number: _____

Address: _____
P.O. Box or Street *City* *State* *Zip*

Phone Number: _____ Email Address: _____

I, _____, understand the Opportunity Tuition Waiver will be used for educational related expenses at Western Texas College. Upon receiving the Opportunity Tuition Waiver for the Fall Semester and Spring Semester I agree to abide and meet the following requirements:

- I agree that the Opportunity Tuition Waiver will pay for a maximum nine (9) hours per semester dual credit enrollment. Opportunity Tuition Waiver will only pay for Fall and Spring semesters—no summer or interim sessions.
- I agree to enroll, maintain, and complete at a maximum of nine (9) semester hours while maintaining a 2.75 GPA during each semester of the awarded academic year (Fall and Spring).
- I agree that the Opportunity Tuition Waiver will pay for tuition and general use fees ONLY. The Opportunity Tuition Waiver does not cover any books, lab or internet fees.
- I agree that to be eligible for the Opportunity Tuition Waiver in the future it is my responsibility to re-apply for the Opportunity Tuition Waiver upon the completion of my first two-semesters and complete twenty (20) additional hours of volunteer activities.
- I agree that if I do not meet these requirements for any given semester, the Opportunity Tuition Waiver will be forfeited and I will no longer be eligible to receive it.

In the event that the undersigned should fail to abide by the above requirements prior to the completion of the semester (s) for which the tuition waiver was awarded, the undersigned will no longer eligible to receive the Opportunity Tuition Waiver. For the purposes of this contract, "WITHDRAWAL" shall mean the student's voluntary withdrawal from enrollment, his/her withdrawal by appropriate officers of Western Texas College for administrative reason, or the student's dismissal by college authorities for misconduct or the willful disregard of college rules and regulations.

If you wish to (circle one) ACCEPT or DECLINE this Opportunity Tuition Waiver, please sign below and return the completed form by **July 15, 2012.**

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

WTC Distance Learning Office Use

Verified By: _____ POISE ID #: _____