

Geographic Assignment Plan Waiver Request Form

Name of Applicant:	Student ID #:
City/State of Residence:	Alternate Residence:
Screening Agency Name:	Screening Agency Code:
Admissions Counselor:	Center Assigned to:
1st CTT choice	1st center choice
2nd CTT choice	2nd center choice
3rd CTT choice	3rd center choice

Reason for Waiver Request:

Approval/Disapproval Recommended By:

OA Project Manager **Date**

Project Office Review by: _____ **Date:** ____/____/____

Project Director

Final Disposition: ____ **Approved** ____ **Disapproved** ____ **Incomplete**

If disapproved, reason:

Regional Office Staff: _____ **Date:** ____/____/____