

Course Waiver Form

~Please Print~

Student Last Name _____ First Name _____

ID# _____ Counselor Name _____

Waiver condition for all classes -- I/we understand that if I/we override a teacher/department placement recommendation that the student will not be able to return to a lower or higher level class during the school year. Enrollment in courses by waiver is subject to space availability.

Additional waiver condition for indexed classes – If the student does not maintain a C- or higher grade for each semester, the student will not be allowed to take the next indexed class in the department sequence in the next year, unless they have the consent of the specific department.

Class(es) waived into _____

Class(es) dropped from _____

Parent/Guardian Signature

Student Signature

Date

Counselor Signature

Date of Change

Revised 02/09