



# COURSE PLACEMENT WAIVER REQUEST

PLEASE COMPLETE ALL PARTS OF THIS FORM LEGIBLY. A SEPARATE FORM IS REQUIRED FOR EACH COURSE WAIVER REQUEST.

\_\_\_\_\_  
STUDENT LAST NAME

\_\_\_\_\_  
STUDENT FIRST NAME

\_\_\_\_\_  
GRADE

RECOMMENDED COURSE	LEVEL (ACADEMIC, HONORS, AP)

REQUESTED COURSE	LEVEL (ACADEMIC, HONORS, AP)

Justification for change of placement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I am overriding a teacher recommendation, and therefore placement into the course that I request is final. If I am scheduled for this course, I will not be able to drop the course at any point over the summer or during the upcoming school year. Note that all courses are not eligible for waiver and all waiver requests will be reviewed by a committee.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*\*\*\*\* RETURN COMPLETED FORM TO STUDENT SERVICES \*\*\*\*\*