

Pequannock Township High School  
School Counseling Department  
**COURSE WAIVER REQUEST**

Student Name: \_\_\_\_\_

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

Counselor Name: \_\_\_\_\_

Next Grade Level: \_\_\_\_\_

Please PRINT the parent email address which should be used for notification:

\_\_\_\_\_

Recommended Course	Preferred Course

**Student Rationale for Change Request:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Teacher Comments (REQUIRED):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURES (1), (2), and (3) must be completed before returning this form to the Guidance Office.  
Teacher signature does not indicate agreement.**

(1) \_\_\_\_\_  
*Signature of Student*

(5) \_\_\_\_\_  
*Signature of Subject Supervisor*

(2) \_\_\_\_\_  
*Signature of Parent/Guardian*

(6) \_\_\_\_\_  
*Signature of Student Services Supervisor*

(3) \_\_\_\_\_  
*Signature of Teacher*

(7) \_\_\_\_\_  
*Signature of Principal*

(4) \_\_\_\_\_  
*Signature of Counselor*

**REMINDERS:**

- ✓ The appeal will be reviewed by the department supervisors. You will be notified of the decision by email.  
**If you are approved for an appeal you will remain in the class for the full year.**
- ✓ Schedule corrections **will** only be made to accommodate missing core courses.
- ✓ Schedule adjustments **will not** be made to accommodate teacher preferences.
- ✓ Once switched, schedule adjustments **will not** be made again.
- ✓ If this request is accommodated, this is **permanent** and the student cannot switch out of the class.
- ✓ The requested course is against the recommendation of the teacher, content area supervisor, Supervisor of Student Personnel Services, and the Principal.