

REQUEST FOR WAIVER OF MINIMUM LOAD REQUIREMENT

Please read this form carefully, complete, and return to the counselor's office. This form will be the only documentation used to determine whether this waiver will be permitted, therefore you must document the circumstances for this request for a minimum load waiver.

Student Name: _____ Date: _____

Parent's Name: _____ School: _____

Address: _____ Phone: _____

Anticipated Year of Graduation: _____ Current Grade in School: _____

Load Waiver Requested for: Semester 1 ___ or Semester 2 ___

Reason for Request: _____

I understand that this process could waive the minimum course load requirement for the semester but will not result in credit and may impact my student's expected graduation date. My student must still earn the necessary total credits to graduate.

Requested by:

Student Signature _____ Date _____ Parent Signature _____ Date _____

Approval Verification

Approved

Denied

Approved By:

Principal Signature

Date

Counselor Signature

Date