

PETITION TO WAIVE PREREQUISITES

Student section

Name: _____ Grade next year: _____ Date: _____

Extracurricular activities/hours per week:

At school:

Outside of school:

Other courses next year:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Course you are petitioning to take: _____

Prerequisite you are asking to waive: _____

Please explain why you believe you should be allowed to waive the prerequisite(s) for this course.

Parent signature: _____

Date: _____

Student, please give this form to a teacher who has taught you a course in the department in which this course is offered. The teacher will take it from there.

Teacher recommendation:

Teacher signature: _____

Teacher, please give this form to the department chair.

Department chair recommendation:

I do / do not (circle one) support this petition. Signature: _____

Department chair, please return this form to Grace Miller.