



WAIVER APPROVAL AND GRADE CHANGE FORM

STUDENT NAME: _____

GRADE: _____

WAIVER REQUEST (Circle One):

Fall Semester

Spring Semester

OFFICE USE ONLY

Date Request Received: _____

Date Request Acted Upon: _____

Comments: _____

___ APPROVED

___ DISAPPROVED

Principal or Administrative Designee Signature: _____

BLOCK	COURSE NAME AND SECTION	TEACHER NAME	SEMESTER GRADE