

# 2024-2025 JISD Eligibility Waiver Application

*(only for students in "advanced courses")*



Campus Name: \_\_\_\_\_ Sport: \_\_\_\_\_ (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Student Name (print) \_\_\_\_\_ ID # \_\_\_\_\_ *First Time Applicant*

Grading Period \_\_\_\_\_ (1<sup>st</sup> nine weeks, 2<sup>nd</sup> weeks, or 3<sup>rd</sup> nine weeks)

Number of Waiver Request:    1<sup>st</sup> Waiver                      2<sup>nd</sup> Waiver                      3<sup>rd</sup> Waiver                      4<sup>th</sup> Waiver  
 (Max. of 2 per Semester)

The Eligibility Waiver Application must be filled out completely in order to apply for a waiver for UIL/Extracurricular participation. Eligibility Waiver Applications are only considered for "advanced courses" Please adhere to the following.

**Application Guidelines**

1. According to TEC §74.30, Eligibility Waiver Applications are only to be considered for courses identified as Honors courses (Honors, Pre-Advanced Placement, Advanced Placement, Dual Credit, and International Baccalaureate).
2. A student may only apply for an advanced course waiver if his/her failing grade in an Honors/Pre-AP/AP/Dual Credit/IB course is 60 or above.
3. A student may receive a maximum of two waivers per semester. **(One waiver = one course)**

**Application Process**

1. The Eligibility Waiver Application should be submitted to the Academic Dean/Principal, including a parent signature and phone number for verification purposes.
2. The Academic Dean/Principal **shall review and approve or deny** the Eligibility Waiver Application.
3. The Academic Dean/Campus Principal should email the waiver to their Campus Athletic Coordinator.
4. The Student **must** be notified if granted a waiver **prior to** participation in any UIL/Extracurricular activity.

**Student & Parent Use Only:** The student and parent must address the following areas in a separate attached letter (typed is preferred) addressed to the Academic Dean/Campus Principal:

- A. Reasons for failure
- B. Plans to improve grade

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (required): \_\_\_\_\_ Phone: \_\_\_\_\_

**Teacher Use Only:** Grade/Average: \_\_\_\_\_ Course Name: \_\_\_\_\_

Teacher Comments and/or Suggested Student Improvement Efforts:

I support the student's application for this waiver (Yes) \_\_\_\_\_ (No) \_\_\_\_\_

Teacher signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

**Principal Use Only:** Comments: \_\_\_\_\_

Principal signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

Waiver (Granted) \_\_\_\_\_ (Denied) \_\_\_\_\_

***File completed waiver at campus with Athletic Coordinator or Activity Sponsor and Principal.***