## 2022-2023 JISD Eligibility Waiver Application (only for students in "advanced courses")



Campus Name:	Sport:	(Yes)(No)
Student Name (print)	ID #	First Time Applicant
Grading Period(1st nine weeks, 2nd weeks, or 3rd nine weeks)		
Number of Waiver Request: 1 <sup>st</sup> Waiver (Max. of 2 per Semester)	2 <sup>nd</sup> Waiver 3 <sup>rd</sup> Waiv	ver 4 <sup>th</sup> Waiver
The Eligibility Waiver Application must be participation. Eligibility Waiver Applications ar		
<ol> <li>Application Guidelines         <ol> <li>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).</li> <li>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.</li> </ol> </li> <li>A student may receive a maximum of two waivers per semester. (One waiver = one course)</li> </ol>		
<ol> <li>Application Process</li> <li>The Eligibility Waiver Application should be submitted to the Academic Dean/Principal, including a parent signature and phone number for verification purposes.</li> <li>The Academic Dean/Principal shall review and approve or deny the Eligibility Waiver Application.</li> <li>The Academic Dean/Campus Principal should email the waiver to their Campus Athletic Coordinator.</li> <li>The Student must be notified if granted a waiver prior to participation in any UIL/Extracurricular activity.</li> </ol>		
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: _	

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

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