Rigorous Course Waiver Application FORM

due: march 1 (Fall courses)/November 1 (spring courses)

Date Name: MPS Student ID:

Home address:

 Street City State

Phone: Email:

Course requesting waiver for:

Course to be evaluated:

Number of College Credits (if applicable) \_\_\_\_ Number of MPS High School Credits Requested \_\_\_\_

Name of Institution/ Contact Information:

# Note: Syllabus or course description must be attached

Using the syllabus or course description, including specific readings and course assignments, please describe the basis of its equivalency to the course for which a waiver is requested (attach separate sheet if needed):

Describe why you would be unable to take the proposed course if you are required to take the course to be waived:

Student Signature: Date

Parent/Guardian Consent:
By signing below, I consent to the waiver of any MN High School academic standards to be waived if this application is approved.

Parent Signature: Date

District Office:

[ ] Approved [ ] Denied

Explanation:

Director/ Designee Signature: ­­Date:

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| --- | --- |
| **Action Taken** | **Date/Initial** |
| Site Counselor Received |  |
| District Office Received |  |
| Notified Student |  |
| Updated Pre-Approved Course Form |  |