



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:

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Director/ Designee Signature: _____ Date: _____

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