



PARENT PERMISSION TO WAIVE A TEACHER'S RECOMMENDATION

We understand that _____ (Student's name) was
not recommended for _____ (Course name) by
_____ (Teacher's name) because _____

_____ (Reason why).

A meeting took place on _____ (date) to discuss the position from all sides.

The following people were present at the meeting:

_____ (Teacher) _____ (Dept. Head)
_____ (Parent) _____ (Student)

- We understand that once enrolled, we agree to have my child remain in the course until the end of the semester regardless of grade or workload.
- We also understand that the teacher will not work above and beyond what they normally do to assist my student in the course.
- We further agree to assume full responsibility for finding and compensating any tutor that may be necessary.

(Parent signature)

(Date)

(Student signature)

(Date)