



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)