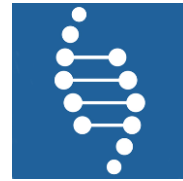




CONROE INDEPENDENT SCHOOL DISTRICT
Academy of Science and Technology



Graduation Requirement Waiver

Student _____ **Class of** _____

The waiver is for which of the following:

____ Exploration Credit requirement before beginning Internship

____ Second Technology course requirement

____ Other

Please attach a copy of this year's schedule and the proposed schedule for next year.

Reason for the request:

Background information:

Student signature: _____ Date: _____

Parent signature: _____ Date: _____

Faculty decision: _____ approved _____ denied

Conditions: _____

Headmaster approval: _____ Date: _____