 

 **Dr. Jesus H. Chavez Ricardo Rivera**

 **Interim Superintendent Director**

BISD Adult Continuing Education Consortium for Cameron County

**STUDENT WAIVER**

By signing below, I waiver the right to assist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BISD ACE/CTE IET program for this fall/spring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cohort due to not fulfilling **ALL** program requirements.

It is my understanding that once **ALL** BISD IET program requirements have been met, I will have the opportunity to assist and complete program at ACE/CTE.

Student signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_