Postsecondary Enrollment Criteria Waiver Form

Student Name: _____ TDCJ #: _____

Institution: _____ Unit: _____

PROGRAM INFORMATION			
Program Name	**Start Date**	**Cert Date**	**End Date**

WAIVER REQUEST INFORMATION	
Indicate the waiver being requested. Only one selection can be made. Submit the supporting documentation indicated. *Waivers submitted without the requested documentation will be returned.*	
☐ **Bachelor's or Master's Interest List** *Unofficial transcript must be submitted to verify degree or hours earned.*	☐ **Custody** *G3 requires warden's approval. All other ineligible custody codes may submit a waiver.*
☐ **Career and Technical Education** *Include explanation/reason for new certification being requested.*	☐ **PSER Eligibility** *Indicate the hours left to program completion.*
Explanation/Reason:	

Student Signature: _____ **Date:** _____

Institution Representative Signature: _____ **Date:** _____

Institution Representative Printed Name: _____

Windham School District Administrative Use Only		
Business Office Review, if related to PSER	College and Career Readiness Review	
Date:	Date:	
Name:	Name:	
Recommended Action:	Recommended Action:	
Approved ☐	Denied ☐	Pending Further Review ☐

Please submit completed Postsecondary Enrollment Criteria Waiver forms to postsecondary@wsdtx.org. Incomplete/incorrect forms will not be reviewed and will be sent back for correction.