

**New Jersey Adult Education  
Integrated Education and Training (IET) Waiver**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Site/Location: \_\_\_\_\_

My signature below certifies that I have been offered the opportunity to enroll in the following locally-provided Integrated Education and Training courses:

IET Option 1: \_\_\_\_\_

IET Option 2: \_\_\_\_\_

Additional IET Options offered (if available):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

However, I have chosen not to enroll in an IET course at this time.

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

Intake personnel signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions for Intake Personnel:**

Please ensure the prospective student has been adequately informed of his/her options prior to signing this *mandatory* waiver. Retain a copy of this form for each IELCE student funded by Section 243 who declines enrollment in an IET program.