GRADUATION REQUIREMENTS: 20 CREDIT COVID GRADUATION WAIVER: FOR THE CLASS OF 2021 ONLY
CORE CREDITS AND ELECTIVE CREDIT
GRAD PATHWAY

Student name: ___________________________ Student ID #: _______ Date of Birth: ______________

School from which student will graduate: ___________________________ Graduation Year: __________

I wish to waive core credits: Number of credits waived: __________ (Cannot exceed 2 credits or 1 credit in any subject)

Core Credits requested to be waived:

<table>
<thead>
<tr>
<th>Class Title</th>
<th>Core Credit Area (i.e. Math/ELA etc.)</th>
<th>Term Attempted (list most recent)</th>
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I wish to waive elective credits: Number of credits waived: __________

Elective credit Request to be waived - Student Circumstance: (Indicate APEX)

<table>
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<tr>
<th>Class Title</th>
<th>Elective Credit Area</th>
<th>Term Attempted (list most recent)</th>
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Please indicate below the reason(s) for the requested waiver. Any materials that document the student’s circumstances may also be attached to the form (e.g., letter from the student’s licensed physician). **Computer Apps and PE can be waived if the student has taken the class prior during Covid and failed or if the student has attempted the CAA (Computer Applications Assessment). PE can be waived if the student had taken PE and failed during Covid (or affected by Covid) or they have attempted the PE waiver test.**

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

☐ Student will be waiving Computer Apps and has wither attempted the class or the CAA
Students granted a waiver must earn a minimum of 20.0 credits. Students may only waive up to 1.0 credit from each required content area within the 17.0 required content credits (4.0 English, 3.0 Math, 3.0 Science, 3.0 Social Studies, 2.0 Health and Fitness, 1.0 Arts, 1.0 Career and Technical Education). These credits will be noted as waived on the student’s high school transcript.

My counselor has reviewed the following with me:

☐ Waiving credits may have the following impacts: Losing credit for college courses (AP/CiHS); Impact on university entrance and/or meeting university entrance requirement; Impact on NCAA eligibility for future college-athletes; Waived courses will be shown on high school transcripts with a waiver designation.

☐ Options for completing graduation without a waiver (e.g. summer school; 5th year of high school).

Requests must be received by the building principal as early as possible and prior to the anticipated graduation date. The superintendent or designee will approve or deny the waiver. Denials may be appealed in writing to the superintendent or designee.

_________________________  _________  _________________________  _________
Student Signature    Date   Parent/Guardian Signature  Date

Contact Information:

Parent/Guardian Phone Number: _____________  Parent/Guardian Email: ______________________________

OFFICE USE ONLY:  Form Received Date: ______________

_________________________  _________  _________________________  _________
Counselor Approval    Date  Principal Approval   Date

If no parent/guardian signature, attempted contacts: __________________________________________________

______________________________________________

District Office Approval:

The request to waive _______ credit(s) is: (circle)   Approved   Denied

Reason for denial:

☐ The request was not based on documented or verifiable circumstances that would justify waiver of high school graduation credit.

☐ The student did not attempt these credits within the COVID disruption.

Building registrar notified,  Date: _________

Secondary Education Office Approval    Date

☐ Family notified,  Date: _________

Revised April 2021

Application for COVID Waiver of High School Graduation Credits and/or Graduation Pathway
CLASS OF 2021 PATHWAY WAIVER

Student name: ___________________________ Student ID #: _____ Date of Birth: ____________

School from which student will graduate: ___________________________ Graduation Year: ____________

***This completed form and supporting documentation of method by which student is eligible for the EAA waiver must be retained in the student cumulative file.***

Pathway Area(s) for expedited appeal submission:

☐ Math
☐ ELA
☐ Both

Initial Contact to student made by: ____________________________

Supporting Documentation Included: Y / N Document(s): ____________________________

Student Approval ____________________________ Date ____________________________
Counselor Approval ____________________________

Parent/Guardian Approval* ____________________________ Date ____________________________
Principal Approval ____________________________

*If no parent/guardian signature, attempted contacts: ____________________________