Request for Waiver of Four Full Years of Study
Federal Way School District

Name_____ **Student ID**_____

Date:_____ **Graduation Year**_____

In accordance with Board Policy 2410P, students and their parents/guardians shall meet with their administrator to determine if graduation requirements can be met prior to completing four full years of study. This form must be completed in its entirety, including required forms, and submitted to the principal before May 15th of the student's sophomore or junior year. The principal will make the final determination. Students will be notified of the principal's decision by June 15th, which will include a rationale for the decision if the request is denied. Documentation will be kept in student's file.

Required Documents:

- ☐ Transcript
- ☐ Written rationale

Request for Waiver of Four Full Years Study:

(Granted/Not Granted) _____ _____
Administrator's Signature Date

_____ _____
Student Signature Parent Signature

Rationale for Rejection:

_____
Administrator's Signature