

GRADUATION REQUIREMENTS WAIVER COMPETENCY REQUEST

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student ID # \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Anticipated Year of Graduation: \_\_\_\_\_ Current Grade in school: \_\_\_\_\_

Course to be Waived: \_\_\_\_\_ Course Replacement: \_\_\_\_\_

Reason for Request: \_\_\_\_\_

Requested by:

\_\_\_\_\_  
Student Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

**To be completed by your counselor:**

High School and Beyond Plan Completed?     Yes                       No

Conditions met for request of waiver: \_\_\_\_\_

\_\_\_\_\_  
Counselor Signature                      Date

Approval to Pursue Waiver Process

Approved                       Denied                       Exception for Unique Situation (e.g.: medical)

\_\_\_\_\_  
Principal Signature                      Date

Waiver Compliance

Student has complied with waiver requirements:     Yes                       No

\_\_\_\_\_  
Counselor Signature                      Date

If the waiver request is denied, an appeal may be made to the Assistant Superintendent for K-12 Education  
no later than 30 school days after receiving notification of denial.