Edmonds School District

P-50
Application to Waive Credits to Meet Graduation Requirements

This application is for students who wish to waive a graduation requirement.

Student Name: _____ Date: _____

School: _____ Grade Level: _____

SECTION 1: Which graduation requirement are you requesting to have waived?

_____

What is the class will you be taking instead of the required class?

_____

SECTION 2: Explain in detail why you feel it is necessary to bypass this graduation requirement?

I agree to maintain full enrollment in six (six) credit bearing courses (no teacher's assistant positions) if this substitution is approved.

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Counselor's supporting statement:

Counselor signature: _____ Date: _____

Counselor: Attach a printout of the student's grade book to this page.

Administrative Decision:

_____ Request Approved. Comments:

_____ Request Denied. Comments:

Principal signature: _____ Date: _____

The approved form will become a part of the student's permanent record.

Reference District Policy 2410P

Rev. 12/22