Note: **Email your School Improvement Instructional Facilitator for the Word document.**

Exam Exemption Waiver Faculty Ballot

School Name: _____ **Principal:** _____

SAC Chair/Co-Chairs: _____

BTU Steward: _____ **Date of the Vote:** _____

"SAMPLE" Revise to make school specific.

Students enrolled in [identify the affected EOC courses] at [school name] will be required to take the midterm examination and will not be eligible to exempt the midterm under School Board Policy 4000, Section IV.B.6.c.v.

Select one option only:

_____ I am in favor of the Exam Exemption Waiver for the 2027–2028 school year.

_____ I am NOT in favor of the Exam Exemption Waiver for the 2027–2028 school year.

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