

Corvallis High School

INSTRUCTION

Waiver of Graduation Requirements

2410F
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**Corvallis High School
PO Box 700
Corvallis, MT 59828**

Request for Waiver of Graduation Requirements

I am requesting a deviation from the graduation requirements as outlined in Corvallis School District Policy 2410P. I understand that I must provide the following information to the Corvallis High School Principal so that he/she may propose the deviations to the Superintendent who may make a recommendation to the Corvallis School District Board of Trustees.

I am hereby requesting a deviation from the graduation requirements for the 20__-20__ school year.

Student's Name Date of Birth Current Grade Anticipated Graduation Date

Name and address of custodial parent, legal guardian or other person with documented legal custody of this student. If there are separate addresses for mother and father, please list both.

Please answer the following questions: (circle answer)

- 1. I have read and understand policy 2410, 2410P, and 2168 (attached). Yes No
- 2. I would like to enroll in a course that is **NOT** offered by Corvallis High School. Yes No
- 3. I would like to take a course(s) via distance, online, or technology delivered instruction. Yes No

In the space below, please provide the Principal with the following information concerning the course(s) that you would like to take:

- 1. Course title _____
- 2. Academic institution providing the course _____
- 3. Number of high school credits given to the course _____
- 4. I am taking a course for university credit and would like the course to count toward high school graduation. Yes No
- 5. This course will replace a required course at Corvallis High School for graduation. Yes No

- 6. **Please attach a copy of your unofficial transcripts from Corvallis High School. Copies may be obtained through the high school office or counseling department.**

- 7. **Please attach a copy of your Corvallis High School credit check. Copies may be obtained through the counseling office.**

Please describe below, in detail, the reasons for your request for a deviation from the adopted graduation requirements as outlined in the Corvallis School District policies 2410, 2410P and 2168.

Corvallis Public School use only:

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|--|-------|-------------|
| Date Waiver Received | _____ | |
| Unofficial Transcript | _____ | |
| Credit Check | _____ | |
| Counselor Consultation | _____ | Date: _____ |
| Meeting with Student, Parent/Guardian | _____ | Date: _____ |
| CHS Principal Proposal to Superintendent | _____ | Date: _____ |
| Recommendation by Superintendent | _____ | Date: _____ |

Corvallis School Board:

| | | | |
|-------------------------------|----------|--------|-------|
| Waiver requirement is hereby: | Approved | Denied | Date |
| | _____ | _____ | _____ |