Attachment A to Supts. Memo No. 090-18

April 13, 2018

**COMMONWEALTH OF VIRGINIA**

**DEPARTMENT OF EDUCATION**

# REQUEST FOR WAIVER OF THE VERIFIED CREDIT REQUIREMENTSFOR A STANDARD OR ADVANCED STUDIES DIPLOMA

The LINK: [*Regulations Establishing Standards for Accrediting Public Schools in Virginia*](http://www.doe.virginia.gov/boe/accreditation/regulations_establishing_soa.pdf), (8 VAC 20-131-5 et seq.) set the minimum standards for graduation from Virginia public schools. 8 VAC 20-131-60.H of the standards reads (in part): *“Students transferring after 20 instructional hours per course of their senior or twelfth grade year shall be given every opportunity to earn a Standard Diploma or an Advanced Studies Diploma. If it is not possible for the student to meet the requirements for a diploma, arrangements should be made for the student's previous school to award the diploma. If these*

*arrangements cannot be made, a waiver of the verified unit of credit requirements may be available to the student. The Department of Education may grant such waivers upon request by the local school board in accordance with guidelines prescribed by the Board of Education*.*”*

This form, with the supporting documentation, must be submitted to the Virginia Department of Education by the division Superintendent for review and recommendation to the Board of Education no more than 90 days prior to the student’s anticipated graduation date. A separate package must be submitted for each student for whom a waiver is requested. A copy of the student’s transcript and current Standards of Learning test scores or other relevant test scores, if any, must be submitted with this form.

School Division:

Student’s Name:

School Name:

Date of Initial Enrollment:

Previous School Name and Location:

Date of Contact with Student’s Previous School to Request Diploma:

Documentation of the Contact on File with the Student’s School:

* Yes: [ ]
* No: [ ]

Please describe the opportunities made available for the student to earn the required Verified Credit
**(This section must be completed):**

Did the student take advantage of each opportunity?

* Yes: [ ]
* No: [ ]

If no, explain:
     Please describe any alternatives considered (if any):

Did the student take end-of-course or other exit examinations at his/her previous school/state?

* Yes: [ ]
* No: [ ]

If yes, please list the tests and the results:

Attach additional sheets or information deemed appropriate.

Date Approved by the Local School Board:

Signature Chairman of the Local School Board:

Submission Date Division Superintendent:

Signature:

School Division Contact’s Name:

School Division Contact’s Telephone Number and Email Address:

Questions should be directed to Joseph A. Wharff, School Counseling Specialist, by email at LINK: Joseph.Wharff@doe. virginia.gov, or telephone at (804) 225-3370. This application and supporting documentation must be sent to:

* Joseph A. Wharff
School Counseling Specialist, Floor 20
Virginia Department of Education
P. O. Box 2120
Richmond, Virginia 23218-2120