**COMMONWEALTH OF VIRGINIA**

**DEPARTMENT OF EDUCATION**

**REQUEST FOR WAIVER OF THE VERIFIED CREDIT REQUIREMENTS**

**FOR A STANDARD OR ADVANCED STUDIES DIPLOMA**

The [*Regulations Establishing Standards for Accrediting Public Schools in Virginia*](http://www.doe.virginia.gov/boe/accreditation/stds_archive/soa_2011.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, Advanced Studies, or Modified Standard 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 waiver is not available to students seeking a Modified Standard Diploma.

This form, with the supporting documentation, must be submitted to the 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 |  | Signature |
| by the Local School Board |  | Chairman of the Local School Board |
|  |  |  |
|  |  |  |
| Submission Date |  | Signature  Division Superintendent |

School Division Contact’s Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Division Contact’s Telephone Number and E-mail Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions should be directed to Joseph A. Wharff, school counseling career connections specialist, by e-mail at [cte@doe.virginia.gov](mailto:cte@doe.virginia.gov), or telephone at (804) 225-2052. This application and supporting documentation must be sent to:

Joseph A. Wharff

School Counseling Career Connections Specialist

Virginia Department of Education

P. O. Box 2120

Richmond, Virginia 23218-2120