# Virginia Department of Education Good Cause Graduation Requirement Waiver Request Form

[8VAC20-131-420(B)](https://law.lis.virginia.gov/admincode/title8/agency20/chapter131/section420/) states, in part:

*B. Waivers of some of the requirements of this chapter may be granted by the board based on submission of a request from the division superintendent and chairman of the local school board. The request shall include documentation of the justification and need for the waiver. In no event shall waivers be granted to the requirements of Part III (8VAC20-131-30 et seq.) of this chapter except that the board may provide for the waiver of certain graduation requirements in 8VAC20-131-50 and 8VAC20-131-51 upon (i) the board's initiative or (ii) the request of a local school board on a case-by-case basis. The board shall develop guidelines for implementing this chapter…*

The Board of Education may, upon its own initiative, waive certain graduation requirements in 8VAC20-131-50 or 8VAC20-131-51 by resolution. The resolution shall specify the requirement(s) being waived and, if the waiver is time-limited, when the waiver would expire.

Local school boards may seek a waiver of certain graduation requirements on a case-by-case basis by submitting a request to the Superintendent of Public Instruction, on behalf of the Board, which explains what requirement(s) are requested to be waived and the justification for each requirement(s) requested for waiver. The justification shall include a statement of the efforts made by the local school board to assist the student in meeting the requirement(s) prior to requesting the waiver. **Waiver requests may not be submitted more than 90 days prior to the date the student is expected to graduate and, if possible, at least 15 days prior to graduation.**

The local superintendent shall notify the Superintendent of Public Instruction as soon as feasible when there is a situation that could potentially result in a request for a waiver, to explore options that might be available to permit the student to graduate without needing a waiver. The Superintendent may approve the waiver on behalf of the Board and report to the Board waivers that have been granted or denied.

For the purposes of this provision, good cause may include, but not be limited to:

* a catastrophic, sudden, or debilitating illness or injury suffered by the student late in his high school career, or
* a sudden, unexpected requirement or event that causes the family to relocate to another state where the student is unable to complete graduation requirements either in Virginia or the receiving state.

Please note that requirements that have been approved for a waiver shall be noted on the student’s official academic record (transcript).

In no event shall a waiver be granted that would substantially reduce or diminish the integrity of the diplomas approved by the Board of Education.

## Submission Procedures:

This form, with the supporting documentation, must be submitted to the Virginia Department of Education (VDOE) 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.

**Please include the following information in your submission packet:**

* Completed Good Cause Waiver Form with all signatures;
* Up-to-date student transcript;
* Up-to-date student’s testing record (including substitute assessments);
* Academic Career Plan,
* If applicable-Medical record or statement from medical provider; and
* If applicable-Relevant or recent IEP pages or 504 plan.

To protect student information, forms, transcripts, and other documentation **should not be emailed**. The completed form (with required signatures), transcript, and appropriate documentation shall be sent using the [Single Sign-On for Web Systems](https://p1pe.doe.virginia.gov/ssws/login_page.do) (SSWS) drop box to Sarah Bazemore.

**Emailed or incomplete documentation packets cannot be accepted for review by the VDOE Committee, and the waiver request will not be processed.**

## Technical Assistance and Support:

Please contact the Policy Office with any questions regarding the regulatory requirements for graduation waivers via email at [Policy@doe.virginia.gov](mailto:policy@doe.virginia.gov) or telephone at (804) 225-2092.

For questions on the SSWS submission process or requesting a consultation meeting with VDOE staff, please contact Sarah Bazemore via email at [Sarah.Bazemore@doe.virginia.gov](mailto:Sarah.Bazemore@doe.virginia.gov) or by telephone at (804)750-8183.

Questions about your SSWS account or help with any problems with the account can be addressed by your local SSWS Account Manager. They should be your first point of contact. Please refer to the SSWS Instructions located on the [SSWS Login](https://p1pe.doe.virginia.gov/ssws/login.do) webpage for your local contact.

If the local Account Managers are unavailable, the VDOE Data Services office will be able to provide assistance via email at [ResultsHelp@doe.virginia.gov](mailto:ResultsHelp@doe.virginia.gov).Good Cause Graduation Requirement Waiver Request Form

### Student Information:

Last Name:

First Name:

Middle Initial:

### School and Division Information:

High School:

Address:

Telephone number:

School Division:

Point of Contact:

Point of Contact Email Address:

School Counselor:

School Counselor Email address:

Principal:

Principal Email Address:

Superintendent:

Superintendent Email Address:

### Waiver Request Details:

* + - 1. Please list the student’s verified credits and how they earned them (Standards of Learning Assessment, Locally Awarded Verified Credit, or Substitute test). List earned verified earned and method for how they were acquired:

1. Which specific graduation requirement(s) are being requested for this waiver? List graduation requirement(s) requested to be waived.
2. Anticipated Graduation Date:
3. What efforts have been made by the local school board to assist the student to meet the requirement(s) prior to requesting the waiver? (Remediation efforts, retakes, and accommodations.)

“*For the purposes of this provision, good cause may include, but not be limited to, a catastrophic, sudden, or debilitating illness or injury suffered by the student late in his high school career or a sudden, unexpected requirement or event that causes the family to relocate to another state where the student is unable to complete graduation requirements either in Virginia or the receiving state*.”

1. Referencing the above language, please explain the circumstances leading up to this waiver request and how they align with the described purpose of the waiver. If related to a medical condition, please provide medical documentation to verify and explain how the condition prohibits the student from participating in testing, and whether testing accommodations have been considered or utilized. Explain the circumstances leading up to this waiver request.
2. Please include an explanation of why this waiver is in the best interest of the student and their postsecondary goals. Explain why this waiver is in the best interest of the student.

### Local Education Agency Approval of Waiver Request:

Date Approved by the Local School Board:

Name of Chairman of the Local School Board:

Signature Chairman of the Local School Board:

Date Approved by Division Superintendent:

Name of Superintendent:

Signature of Superintendent:

### Verification of Waiver Request Requirements

Please sign below to verify that that this waiver request is complete, including required documents, signatures, and that you have reviewed the information on pages one and two of this regarding the good cause waiver criteria and submission procedures.

**Please include the following information in your submission packet:**

* Completed Good Cause Waiver Form with all signatures;
* Up-to-date student transcript;
* Up-to-date student’s testing record (including substitute assessments);
* Academic Career Plan,
* If applicable-Medical record or statement from medical provider; and
* If applicable-Relevant or recent IEP pages or 504 plan.

Name of Division Contact Submitting Waiver:

Signature of Division Contact Submitting Waiver:

Date Completed and Submitted to SSWS Dropbox (Sarah Bazemore):

**Reminder: Emailed or incomplete documentation packets cannot be accepted for review by the VDOE Committee, and the waiver request will not be processed.**