



Success Curriculum Course Waiver Request Form

Wyoming Statute 21-16-1307(f)(ii) states:

(f) The courses set forth as success curricula requirements under this article shall be aligned with the student content and performance standards established pursuant to W.S. 21-2-304(a)(iii). The department shall by rule and regulation:

(ii) Establish exceptions as necessary due to good cause to specific coursework within the success curriculum specified under this article for students attending or graduating from an eligible high school or a home-based educational program.

I, _____ (student's name), am requesting to be exempt from fulfilling the following requirement(s) for the (circle one: Honors/Performance, Opportunity, or Provisional Opportunity) level of the Hathaway Scholarship Success Curriculum (check all that apply):

The **specific course(s)** for which I am requesting a waiver is/are (name of course(s)):
_____ Math _____ Science _____ Social Studies _____ Foreign Language _____ English

- _____
- _____
- _____
- _____
- _____

- **Student Instructions:** Under the Student Information section of this form (page 2), please explain your reason for requesting this waiver. Whenever possible, please provide any supporting documentation.
- **School Instructions:** Please have the school counselor or designee fill out School Information section on page 3 of this form. Please note: this section is optional if, at the time of this request, the student has already graduated from high school.
- **Mail*** all information to:

Sean McInerney
122 W. 25th St. Suite E200
Cheyenne, WY 82002

*Due to the sensitive nature of the information provided, only mailed requests will be accepted in order to protect the student's privacy.

Upon receipt of a student's request for review, WDE shall have 30 days to make a decision. The student and school will be notified within 45 days of the Department's receipt of the request for review.

For questions, please call (307) 777-8752 or email sean.mcinerney@wyo.gov

The following section shall be completed by the affected student:

Student Name (please print or type)

Current School Year (i.e. 2015-2016)

Student WISER ID

Student's Grade Level

Parent/Guardian Name (if under 18 years of age)

Anticipated Graduation Date

Home Address: Street number & name

City, State, Zip Code

Phone Number/E-mail

Please state the reason for your request for review. Additional pages may be added if necessary. Documentation that supports your request MUST be attached.

Certification: I understand that an exception to statutory and regulatory requirements cannot be granted unless permissible by the statute. In addition, I authorize my school and/or doctor(s) to release any and all information pertaining to my request for review to the Wyoming Department of Education. I understand that my school will be provided with the results of the review. I certify that the information submitted is true and correct to the best of my knowledge.

Signature of Student

Date

Signature of Parent/Guardian (If under 18 years of age)

Date

The following section shall be completed by the school counselor or designee:

Name of counselor or designee

School District

District ID

School Name

School ID

Phone Number/Email

In the event that this request is approved, the student's transcript must be updated to reflect the appropriate Success Curriculum level: Honors, Performance, Opportunity, or Provisional Opportunity. Please provide the contact information for the person at your school who is responsible for updating transcripts.

Name

Title

Phone Number/Email

If necessary, please provide any additional information related to the student's course waiver request.

Signature of School Counselor or Designee

Date