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):

_____ Math _____ Science _____ Social Studies _____ English _____ CTE/FPA/FL

The specific course(s) for which I am requesting a waiver is/are (name of course(s)):

• __________________________
• __________________________
• __________________________
• __________________________
• __________________________

•

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:

Hathaway Scholarship
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
STUDENT INFORMATION REQUEST FOR REVIEW

The following section shall be completed by the affected student:

<table>
<thead>
<tr>
<th>Student Name (please print or type)</th>
<th>Current School Year (i.e. 2015-2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Student WISER ID</th>
<th>Student’s Grade Level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardian Name (if under 18 years of age)</th>
<th>Anticipated Graduation Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Address:  Street number &amp; name</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, State, Zip Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Phone Number/E-mail</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
SCHOOL INFORMATION

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