

**REQUEST FOR WAIVER OF CREDIT REQUIREMENT  
FOR STUDENT CIRCUMSTANCES**

Specific high school course graduation requirements established by the Bellevue School District Policy 2410 (Graduation Requirements) MAY be waived for an individual student provided:

1. That the student requesting such a waiver possesses significant and compelling reasons to justify approval of this waiver.
2. That the maximum number of credits requested to be waived does not exceed 2 credits.

Circumstances may include:

1. Death of a parent, guardian or sibling
2. An unexpected and/or severe medical condition which must be documented by a medical professional and included with this application
3. An unexpected multi-day absence that was beyond the student's control that was a barrier to course completion. Documentation to support the reason for the absences will need to be included with this application
4. Another unavoidable event of a similarly compelling magnitude

Student Name: \_\_\_\_\_ BSD Student ID# \_\_\_\_\_  
Last First

Date of Application: \_\_\_\_\_

Address \_\_\_\_\_  
(Please include: Street, City and Zip Code)

School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ Transcript Attached (required) \_\_\_\_\_

I am requesting that \_\_\_\_\_ semester credit(s) be waived because:

Student's Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

I have seen this form and its supporting documents. Please consider the following comments/insights in making the decision:

Date: \_\_\_\_\_ Counselor's Signature \_\_\_\_\_

\_\_\_\_\_ I support the waiver request \_\_\_\_\_ I do not support the waiver request. Because:

\_\_\_\_\_

Date: \_\_\_\_\_ Principal's Signature

The request is: \_\_\_\_\_ granted for \_\_\_\_\_ credit(s). This request is: \_\_\_\_\_ denied for the following reason(s):

\_\_\_\_\_

Date: \_\_\_\_\_ Executive Director of Schools: \_\_\_\_\_

**Date: 8.19**