



### 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:

\_\_\_\_\_  
 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

**SCHOOL INFORMATION**

**REQUEST FOR REVIEW**

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