

Expanded Options Program Waiver

Student Name _____ Address _____

City _____ State/Zip _____ Phone _____

Date of Application for Waiver _____ School _____ Grade _____

I am applying for a waiver to the following Expanded Options policy:

- Limitation of Expanded Options students to fourteen combined credits
- Restriction against taking post-secondary courses duplicating high school courses

Explain your case for obtaining a waiver below (attached additional pages if necessary)

High school counselor's statement supporting or opposing the waiver (attach additional pages if necessary)

- Student meets definition of at risk under the following category (letter and number):

- Student does not meet the definition of at risk

-----For office use only-----

- Approved
- Denied

Reason _____

Administrator Overseeing Expanded Options

Date