

**Santa Rosa City Schools  
Office of Curriculum and Instruction, 7-12**

**Request for Pathway Waiver Form for Seniors**

*Per Board Policy 6146.1 – High School Graduation Requirements, a student must complete graduation requirements by successfully completing pathway coursework. A pathway is a set of related courses serving an explicit educational goal to be reached upon graduation. All pathway coursework is in addition to the core requirements.*

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ ID No. \_\_\_\_\_

School: \_\_\_\_\_ Pathway: \_\_\_\_\_

Counselor Name: \_\_\_\_\_

**1) To be completed by the School Counselor- Please submit this completed request form to the high school principal or vice principal with the documentation attached.**

*The above-named student did not meet the pathway graduation requirement due to the following reason(s):*

<input type="checkbox"/>	The student needed credit recovery options.
<input type="checkbox"/>	A staffing condition existed. ( <i>Explain</i> ):
<input type="checkbox"/>	A master scheduling condition existed. ( <i>Explain</i> ):
<input type="checkbox"/>	A change in course offering(s) occurred.
<input type="checkbox"/>	In-district transfer – this school has different pathway course offerings and the student couldn't complete an Individual Pathway.
<input type="checkbox"/>	There were Visual Arts and Performing Arts scheduling conflicts.
<input type="checkbox"/>	Not continuously enrolled - the student traveled frequently outside the country or state.
<input type="checkbox"/>	The student had extenuating personal or family issues.
<input type="checkbox"/>	The student completed 3 or more years of AVID coursework.
<input type="checkbox"/>	The pathway was eliminated and the student couldn't complete an Individual Pathway.
<input type="checkbox"/>	The student returned from an Alternative Education site. <i>Number of semesters at Alternative Education site:</i>
<input type="checkbox"/>	Other ( <i>Explain</i> ):

Core Academic Credits Earned To Date: \_\_\_\_\_ Pathway Credits Earned To Date: \_\_\_\_\_  
(NOTE: Transcript, PEP, or other documentation must be attached)

**Counselor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**2) To be completed by the school principal or vice principal - Please submit the signed form to the Assistant Superintendent of Curriculum and Instruction 7-12 with the documentation attached.**

Pathway Waiver Reviewed: Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason Denied: \_\_\_\_\_

**Principal or Vice Principal Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**3) To be completed by the District Office:**

Pathway Waiver Reviewed: Upheld \_\_\_\_\_ Overturned \_\_\_\_\_

**Assistant Superintendent Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Director of Career Pathways Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_