



Waiver Request : 4th Year

Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

FCPS Form 400-34F
[Regulation 400-34](#)
March 2023

Clear Form

Name of Student

Date

Name of School

Current Grade

REASONS FOR REQUEST:

Early graduation

College admission prior to graduation

Four-year Community College Vocational or Technical School

Other

Additional Information (college, educational/work plan):

Student letter attached

Parent/Guardian letter attached

Signature of Student

Date

Signature of Parent/Guardian

Date

Student Services Team (SST):

Approved

Not Approved

Signature of SST Chairperson

Date

Principal:

Approved

Not Approved

Signature of Principal

Date

Director of High Schools:

Approved

Not Approved

Signature of Director High Schools

Date

Superintendent Action:

Approved

Not Approved

Signature of Superintendent

Date

NOTE: Superintendent signature only required for waiver of 4-year enrollment.

Anticipated Grad Date (Mth/Yr)

Student _____

School _____

PLAN FOR WAIVER: 4TH YEAR

SUBJECT AREA	COMPLETED (C) OR CURRENTLY ENROLLED (CE)	NUMBER OF CREDITS	COMPLETER PROGRAMS	"X" TO CONFIRM
English 9			UNIVERSITY SYSTEM OF MARYLAND	
English 10				
English 11				
English 12				
World History			CAREER AND TECHNOLOGY EDUCATION and UNIVERSITY SYSTEM OF MARYLAND	
American Studies 2				
Government				
Algebra				
Geometry				
Math			CAREER AND TECHNOLOGY EDUCATION	
Math				
Lab Science				
Biology			REQUIRED ASSESSMENTS	SCORE
Lab Science			• English 10	
Fine Arts			• Science	
Computer Sci & Eng			• Government	
PE/Health			• Algebra with Data Analysis	
Health 2			SERVICE LEARNING	
Financial Literacy			• Service Learning (75 Hours):	
Completer Credits				
World Language or				
Career & Technology Education (CTE) or				
Advanced Technology				
List Electives (including 3 Career Pathway Electives)				
Elective Credit 1			Elective Credit 4	
Elective Credit 2			Elective Credit 5	
Elective Credit 3			Elective Credit 6	
TOTAL CREDITS				

NOTE: Failure to meet all graduation requirements (credits, assessments, service learning) will invalidate this approval.

School Counselor _____

Date _____

Student _____

Date _____

Parent/Guardian _____

Date _____