**West Virginia Board of Education (WVBE)**

**Advanced Placement Training: Waiver of WVDE Policy 2510 Request Form**

**(Incomplete forms will be returned.)**

This waiver has been requested by the school principal for the following teacher from the following school, county, and for the school year identified below:

Mr. /Ms. /Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School Year: \_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AP Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the applicant been granted a waiver for this AP Training Course before? Yes □ No □

(*Only one waiver request is allowed per course; therefore, if the answer is* ***Yes****, the individual* ***is not eligible*** *to request a waiver).*

1. Reason for waiver request:
2. Is this the first year the teacher will be teaching this AP course? Yes □ No □
3. Does the teacher have a College Board approved syllabus through the AP Course Audit for the upcoming school year? Yes □ No □

If no, please explain:

1. Please submit with this form, if applicable, the data for the teacher’s AP course including for the last three school years:
2. Number of School years teaching this course: \_\_\_\_\_\_\_\_\_\_\_\_
3. Number of students enrolled: \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Number of students completing: \_\_\_\_\_\_\_\_\_\_\_\_\_
5. Number of students taking AP exam: \_\_\_\_\_\_\_\_\_\_\_\_\_
6. Number of students scoring 3, 4 or 5 on exam: \_\_\_\_\_\_\_\_\_\_\_\_

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**Required Signatures\*:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal’s Signature / Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Superintendent’s Signature / Date

**\*The waiver request should only be submitted under unforeseen circumstances. The form must be submitted prior to the scheduled AP training sessions unless an emergency situation has prompted the waiver request.**

**Complete this request form and submit to:** West Virginia Department of Education; Attention: Joey Wiseman; 1900 Kanawha Boulevard, East; Building 6, Suite 700; Charleston, West Virginia 25305-0330. Phone (304) 558-8098, FAX (304) 558-6268.

**All Approved waivers are in effect for one year from approval date or for the period of time requested and approved.**