

REQUEST FOR WAIVER OF INSTRUCTOR APPROVAL QUALIFICATIONS

SCHOOL NAME: _____ LOCATION: _____

This form is used in conjunction with the Instructor Form POSA Page 26-27 when applying for a waiver of instructor approval qualification(s) under Section 10a-22k(k)(2)(C) of Regulations of State Agencies. Do not use this form if you are not seeking a waiver of any of the qualifications.

Name of Proposed Instructor: _____

Subject area(s) to be taught: _____

Waiver is being sought of the following qualification(s) because the proposed instructor:

is not at least 18 years of age

does not hold a high school diploma or other equivalency recognized by the board (G.E.D.)

does not have at least two years of experience in the skill or subject taught within ten years immediately preceding employment by the school, or does not have the equivalent in teacher training approved by the board in the skill or subject taught

List below the reasons for requesting waiver (detail person's other qualification(s) that you feel may supersede the qualification(s) for which you are seeking a waiver. Be specific):

(A completed Instructor Form POSA AP Page 26-27 and Resume together with other supporting materials that highlight the qualifications of the proposed instructor must be attached).

Name: _____ Date: _____
School/Campus Director

The Commissioner's designee has reviewed the attached material and the following determination has been made:

Waiver Granted: _____ Waiver Denied : _____ Date: _____