

Work-Based Learning Administrative Exemption

This form is to be completed by the student, with the assistance of the teacher/sponsor, and signed by a principal or the CTE Coordinator.

Student Name: _____

Teacher/Sponsor for Exemption: _____

(This certifies the teacher/sponsor is in favor of the exemption)

Please briefly describe why you are requesting this exemption from the work-based learning requirements, specifically addressing the criteria that disqualifies you.

Administrative Approval Signature: _____

(L. Hughes or J. Browning)

Date of Approval: _____