

# Request for Faculty Waiver

ACSI Accreditation Standard 4 – Personnel requires that all K–12 school administrators and teachers must hold at least a bachelor’s degree from a college that is an accredited or recognized institution. This form is used to request a waiver of this requirement and for individual teachers with unique circumstances. Teachers granted waivers must be included in the school’s certification report under the section titled “Waivers.”

The ACSI accredited school must complete a separate form for each nondegreed teacher, full- or part-time. The completed request for waiver must be sent with a copy of the completed *Permanent Faculty Waiver Professional Growth Plan* (one-time submission) or *Temporary Faculty Waiver Action Plan/Progress Report* (submitted annually) to the ACSI Regional Office. A waiver only applies for the position listed. If the teacher changes positions, a new request for waiver must be submitted.

## ACSI Office Use Only

Action Taken: \_\_\_\_\_

Justification: \_\_\_\_\_

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

Reviewed By: \_\_\_\_\_

Notification Sent: \_\_\_\_\_

## EMPLOYEE INFORMATION

Mr. Mrs. Miss: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Last Name: \_\_\_\_\_ Year first hired to be a teacher: \_\_\_\_\_

Teaching Status and Assignment (Check all that apply.):  Full Time  Part Time How many teaching hours per week? \_\_\_\_\_

Elementary (Grades K5–6)  Classroom Teacher Grade level(s)? \_\_\_\_\_

Specialist Area of specialty (e.g., music, PE, art)? \_\_\_\_\_

Secondary (Grades 7–12) Which subject area(s)? \_\_\_\_\_

Has the employee’s teaching position changed since first employed?  YES  NO If YES, please explain the changes.

## SCHOOL INFORMATION

School Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

School City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School Administrator: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Does the school have a policy of hiring only degreed personnel?  YES  NO

## CONDITIONS OF WAIVER

In order for the waiver to be approved, ONE of the following plans must be in place:

**Permanent Waivers** may be granted if the faculty member has appropriate experience, in-field qualifications or credentials, but **is unable or highly unlikely to** complete the needed training to qualify for certification as a teacher within a reasonable period of time. (An example might be for a professional photographer who teaches one or two classes and only has an Associate of Arts degree.) A teacher with a permanent waiver must be involved in an appropriate professional development plan. Waivers must not make up more than ten percent (10% FTE) of the faculty. A school may receive a permanent waiver if it offers concurrent credit coursework with visiting/adjunct professors from a college or university.

**Temporary Waivers** may be granted if the faculty member **is able** to complete the appropriate qualifications for the certification necessary for the position they are filling within a reasonable period of time. (An example: a teacher was hired to fill a position on an emergency basis, the school wants to retain him or her, yet he or she does not have a bachelor’s degree. The school would request a waiver for one to two years while the teacher completes the bachelor’s degree.) A teacher with a temporary waiver must be involved in an action plan to move toward certification and report on progress annually. Waivers must not make up more than ten percent (10% FTE) of the faculty.

Please complete the appropriate section on the following page, and attach the teacher’s weekly schedule, indicating all subjects and grade level taught.

All faculty must complete the Christian Philosophy of Education by the end of their third year of employment.

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**Permanent Waiver:** No further formal education required

Number of college units/degree/certificate completed to date? \_\_\_\_\_

What are the circumstances that have prevented this teacher from completing a bachelor's degree or becoming certified for K-12?

Describe the plan of professional growth to be followed to ensure this teacher's ongoing success in fulfilling his/her teaching assignment (courses/workshops, conventions/conferences, supervision and evaluation, etc.). **Attach the Permanent Faculty Waiver Professional Growth Plan** and the teacher's weekly schedule, including all subjects and grade levels taught.

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Has the individual completed the *Christian Philosophy of Education*?  YES  NO Date completed or projected completion? \_\_\_\_\_

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**Temporary Waiver:** Includes degree completion

Number of college credits completed to date \_\_\_\_\_

Number of college credits needed to complete a bachelor's degree? \_\_\_\_\_ Major: \_\_\_\_\_

Through which college or university will the coursework be taken? \_\_\_\_\_

What is the projected date for receiving the bachelor's degree? \_\_\_\_\_

Has the individual completed the *Christian Philosophy of Education*?  YES  NO Date completed or projected completion? \_\_\_\_\_

Attach a *Temporary Faculty Waiver Action Plan/Progress Report* and teacher's weekly schedule, indicating all subjects and grade levels taught.

I acknowledge by signing below that the information provided above and attached is an accurate representation of my teaching responsibilities. I also commit to completing the plan that has been outlined above as a condition of employment at the school.

Teacher: \_\_\_\_\_ Date: \_\_\_\_\_ Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's e-mail: \_\_\_\_\_ Administrator's e-mail: \_\_\_\_\_