



# Class Waiver Form

This form is to be completed to waive any certification class requirement in the MSBO Voluntary Certification Program. *(Example: to waive a specific certification class required in your enrolled track due to other credentials or experience in the content of the class.)*

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

Name: \_\_\_\_\_

Class Requesting to Waive: \_\_\_\_\_

I am currently enrolled in the following certification track:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Office Manager      | <input type="checkbox"/> Child Nutrition Director  | <input type="checkbox"/> Pupil Accounting Specialist    |
| <input type="checkbox"/> Business Office Specialist   | <input type="checkbox"/> Facilities Director       | <input type="checkbox"/> School Payroll Specialist      |
| <input type="checkbox"/> Certified Purchasing Officer | <input type="checkbox"/> Human Resource Specialist | <input type="checkbox"/> Specialist in Educational Data |
| <input type="checkbox"/> Chief Financial Officer      | <input type="checkbox"/> Operations Director       | <input type="checkbox"/> Transportation Director        |
| <input type="checkbox"/> Chief Technology Officer     | <input type="checkbox"/> Pupil Accounting Auditor  |   |

Please give a description of your reason for submitting this waiver form:

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**Attach a copy of any supporting documentation to this form and email or fax to:**

MSBO  
ATTN: Debbie Kopkau, Director of Certification  
Phone: (517) 327-2587  
Fax: (517) 327-0768  
[dkopkau@msbo.org](mailto:dkopkau@msbo.org)

*Your request will be reviewed and may be taken to the MSBO Professional Development Committee for further review. You will be notified in writing of the final determination.*