



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

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

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

MSBO
 ATTN: Debbie Kopkau, Director of Certification
 Phone: (517) 327-2587
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.