



STATE OF MICHIGAN
Office of Adult Education
DEPARTMENT OF LABOR & ECONOMIC GROWTH

**WAIVER OF 1-YEAR WAIT REQUIREMENT FOR ELIGIBLE PERSONS
LESS THAN 18-YRS. OF AGE TO TAKE THE GED EXAM**

I, _____, _____
(Please Print Name) (Date of Birth)

Certifies that he/she:

- a) is no longer enrolled in a regular K-12 instructional program, and**
- b) is 16 years of age or older. (Proof required)**

I believe this waiver is in my best interest for the following reason(s):

(Attach additional documentation if needed)

GED exam results may be shared with _____ or my last attend public school/district.

Signature of Student **Date**

We, the undersigned, agree that a waiver of the 1-year waiting requirement is in the best interest of this student.

Signature of Parent/Guardian **Date**

Signature of Superintendent or Designee **Date**

Signature of GED Chief Examiner **Date**

Note: GED Chief Examiner's signature is required only to acknowledge receipt of documentation and is not a signatory to determine what is in the student's best interest.

NOTE: Documentation supporting the reason(s) for this request must be attached to this form. Proof of age also required.