

Early Graduation Request Form

Name of Student: _____ Date of Birth _____

Requesting Graduation after which semester? 6th _____ 7th _____

Will the student need to take final exams early? Yes No

If yes, explain _____

Will the student participate in Graduation? Yes No

Has the student met with his/her Counselor to discuss this request? Yes No

Please state your reason for the request for Early Graduation and post high school plans:

Signatures

Student _____ Date _____

Parent(s) _____ Date _____

Counselor _____ Date _____

Credits earned to Date: _____

Please attach transcript, current schedule, and Graduation Requirement sheet.

Return to Dr. Merry Quinn