



APPLICATION FOR EARLY GRADUATION

Application deadline: September 8th of the student's final year

Student:

Name _____ ID# _____ Adviser _____

- I understand I must have this form **completed and submitted to the Registrar by September 8th.**

Student Signature

Date

Parent/Guardian:

- I request that my student be permitted to plan their program to graduate by _____ (month) _____ (year).
- I accept full responsibility for any impact this might have on college admission.
- MY CHILD AND I UNDERSTAND THAT ALL WORK MUST BE SUBMITTED BY THE FINAL DAY OF ATTENDANCE.**

Parent/Guardian Signature

Date

Adviser:

- This student will be able to complete all graduation requirements by _____.
- Reminder: 23 credits are required for graduation.**

Adviser Signature

Date

Post-High School Counselor:

- This student and their parent(s)/guardian(s) have conferred with me concerning their plans to graduate early.

Post High School Counselor Signature

Date

English Department Chair:

- This student will satisfy the English requirement by completing _____ semester(s) in the following courses:

1. _____ 2. _____

English Department Chair Signature

Date

Registrar:

- I verify that all graduation requirements will be met if the following courses are complete with passing grades.

Credits to Date _____

Courses to Complete _____

Projected Graduation Date _____

Registrar Signature

Date

Administrator:

Associate Principal -Academics and Administrative Services

Date