

EARLY GRADUATION REQUEST FORM

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Student's Name (please print) _____

I hereby request permission for early graduation from Whitnall High School. If this request is approved, I understand that any end-of-semester failures in courses required for graduation automatically voids the approval.

Proposed date of early graduation _____

Date application submitted to the counseling office _____

I am submitting this application at least one semester before my proposed date of early graduation.

At the time of graduation, I will have completed six seven semesters of high school work.

I have attached to this application a letter of approval, from my parent/guardian.

I have read a copy of the Whitnall School Board's policy regarding early graduation from high school.

I have attached my explanation for requesting an early graduation that includes my post high school plans.

Date: _____

Student's Signature _____
Typing your name acts as your signature

Verification of the Counselor

I have consulted with this student and verify that all requirements for graduation can be completed by the proposed date of early graduation. A plan showing coursework completed and coursework to be completed is attached.

Date _____

Counselor's Signature _____
Typing your name acts as your signature

Verification of the Principal

I have reviewed this application and have consulted with this student regarding class rank, honors and graduation procedures. I hereby verify eligibility for early graduation.

Date _____

Principal's Signature _____
Typing your name acts as your signature

Verification of the Superintendent

I have reviewed this application for early graduation and agree with the verification by the Counselor and Principal.

Date _____

Superintendent's Signature _____
Typing your name acts as your signature