

APPLICATION FOR EARLY GRADUATION

Student Application



APPLICATION IS DUE THE LAST DAY OF SCHOOL FOR CONSIDERATION FOR THE FOLLOWING SCHOOL YEAR

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____

Parent Name _____ Advisory Teacher _____

Career Goals: _____ Is your iCAP completed? YES NO

Student Phone _____ E-mail Address _____

Total Credits: _____ Cumulative GPA: _____

Post-graduation plans:

Do you currently work? YES NO If so, where and hrs/wk?

Are you dual enrolled in a college course? YES NO If so, what course(s)?

Check which you are requesting: Full Year Semester
Early Early Reason: _____

PLEASE EXPLAIN IN THE SPACE BELOW WHY YOU ARE REQUESTING TO GRADUATE EARLY:

Parent Signature

Daytime contact number
for parent

Student Signature

Counselor Signature

Credit check complete:

PRINCIPAL APPROVAL
SIGNATURE