Early High School Completion Request

Name of Student: ___________________________ Date of requested completion: ____________

Students wishing to complete their graduation requirements in a time period of less than four years must be able to show that they are on track to meet their graduation requirements and show that they have a sustainable post graduation plan.

Diploma Type: Advanced __________ Standard ______ Sequential Electives: _______________________

Fine Art or Career Tech Ed credit: _______________________

<table>
<thead>
<tr>
<th>Credits Earned</th>
<th>Credits in Progress</th>
<th>Credits Needed</th>
</tr>
</thead>
<tbody>
<tr>
<td>English _______</td>
<td>English _______</td>
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<tr>
<td>History _______</td>
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<td>Math _______</td>
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<td>Science _______</td>
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<td>World Lang. _____</td>
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<td>H/PE _______</td>
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<tr>
<td>Electives ______</td>
<td>Electives ______</td>
<td>Electives ______</td>
</tr>
</tbody>
</table>

SOL Credits Earned:

Algebra I _____ World Hist I _____ Earth Science _____ Reading _____
Geometry _____ World Hist. II _____ Biology _____ Writing _____
Algebra II _____ U.S. Hist. _____ Chemistry _____ SOLs needed: _________

Post High School Plan:

College______
Military______
Employment______
Other_____________________

Comments (feel free to attach a letter explaining your student’s situation):

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

By signing this request, the student and parent are acknowledging that the student will not receive a diploma or walk in a graduation ceremony until June. Additionally, if the student completes his/her graduation requirements in January, he/she will continue to be considered a high school student until June.

Student Signature: ___________________________ Date: __________________
Parent Signature: ___________________________ Date: __________________
Counselor Signature: _________________________ Date: __________________

FINAL PRINCIPAL APPROVAL: ___________________________ Date: ____________

This form must be returned completed by June 10th of the year preceding the school year that the student wishes to complete his/her graduation requirements.