## **Application for Early Graduation**

Check One: 3 yr. Grad	1st 9 Weeks Grad_	Mid yr. Grad	3 <sup>rd</sup> 9 Weeks Grad_
STUDENT NAME:	First	MI	
DOB/S		DATE:	
Home address			
Post Graduation Plan			
I understand the following:  As an early graduate, I w  My rank will be determine	ed for the class in which I	am graduating.	
Credits needed for graduation: Graduation Plan: (circleone)		egistered for the select	
Classes needed to graduate:	*EO	C exams that the student r	must pass to graduate:
We have read and/or completed to	the above information:		
Student Signature	Pa	arent/Guardian Signatur	e
Counselor Signature	Pr	incipal Signature	
Original: Copy: Parent/Student Counselor			

