

EARLY GRADUATION REQUEST

This Early Graduation Request must be completed prior to the student's final semester or quarter of attendance. It must be submitted to the Executive Director, Office of Secondary Schools, for final approval after it has been signed by the student, parent/guardian, school counselor, and site principal. A copy of the student's transcript with courses in progress must be attached and submitted to Veronica Ortega (vortega1@sandi.net), Office of Secondary Schools. The fully signed form will be returned to the school registrar for filing in the student's cumulative folder, registrar's Secondary School Counselor/Registrar Notebook, and the school counselor's Academic Review notebook.

School:	School Year:	Requested Gra	duation Date:	
Student Name:	ID#:	Grade Le	evel: Class of:	
Reason for Early Graduation Request:				
Alternative Site Early Graduate: YES O No	If yes, indicate name	of Home Site:		
Certificate of Completion: YES \circ No \circ (if	yes, section below DOE	S NOT need to be complete	ed)	
Current Schedule:				
Class of 2016 and beyond credits earned: Co	mpleted (✔). or In Prog	ress (IP). or Projected Cou	rse (PC)	
6 Credits: World History 1,2 US History 1,				
8 Credits: English 1,2 English 3,4 Ar			sh 2 - Course taken:	
6 Credits: Integ.Math I A-B (Alg) Integ.Mat				
6 Credits: Biology 1,2 Chemistry 1,2				
4 Credits: Language Other Than English L	•			
2 Credits: Visual and Performing Arts	Language taken.		OTE Gertification.	
4 Credits: Physical Education FitnessGra	•			
List any courses that will be taken through il-	ligh or Edgenuity as a fir	st time course:		
iHigh:				
Edgenuity:				
Current 9-12 WGPA:	Credits to Date:		redits Currently Enrolled:	
Projected Credits in Final Semester or Quarte	ar.	Projected Total Credits:	(44 minimum)	

Site Operations Circular No.
Attachment 1
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Early Graduation Request for (Student Name):	ID#:	
Early graduates may participate in the June commencement that time. Student or parent/guardian must confirm with sch the current school year no later than April 30, 2018 to ensure early graduation can be sent to a community college, univer the student.	ool registrar if student will participate in the commencem student's name is included in the commencement progra	ent ceremony during am. Verification of
Student Signature:	Date:	
Parent/Guardian Signature:	Date:	
School Counselor Signature:	Date:	
***************************************	***************************************	*******
Does student plan to participate in commencement? YES	o NO o	
***************************************	**************************************	*******
Approved by Principal:	(Please Print)	
Signature:	Date:	
***************************************	**************************************	*******
OSS Office Notes (verification):		
Poviowed by (signature):	Date:	
Reviewed by (signature):	Date	
□ Approved		
Denied (See OSS Office Notes)		
APPROVED BY:		
Executive Director, Office of Secondary Schools		