

## REQUEST FOR EARLY GRADUATION

Student's Name \_\_\_\_\_

(Last name, First name)

I request that my child's program be adjusted to accommodate the following:

Type of employment/ activity \_\_\_\_\_

Employer/ Supervisor \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

1. I understand that early graduation status is a privilege and dependent on credit standing.
2. I agree that it is my responsibility to notify the school counselor within one week upon termination of my child's employment/activity.
3. I release the school from all responsibility during the times that my child is not attending school for his/her scheduled classes.
4. I understand that my child must provide a letter from the employer on company letter stationery verifying employment and a current pay stub in order for the program change to be made.
5. I understand that my child has completed all of his/her graduation requirements and will no longer be eligible to participate in school related activities with the exception of commencement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**COMPLETED BY SCHOOL PERSONNEL**

This request is for:

- Employment
- Early admission to college
- Other: \_\_\_\_\_

Student is to be on campus:

- period 1 \_\_\_ period 2 \_\_\_ period 3 \_\_\_
- period 4 \_\_\_ period 5 \_\_\_ period 6 \_\_\_
- Wiki \_\_\_ Lunch \_\_\_

**1. I have verified the conditions of this request. The student's credit standing meets graduation requirements.**

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**Counselor**

**Date**

**2. I have verified the conditions of this request. The student's credit standing credit meets graduation requirements.**

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**Registrar**

**Date**

**3. Return request to Registrar: Program change completed on \_\_\_\_\_**

**4. File with Office Clerk: Off-campus pass activated on \_\_\_\_\_** rev: 01/2020