

EARLY GRADUATION REQUEST

This Early Graduation Request must be completed PRIOR to the student's final semester or quarter of attendance and submitted to Veronica Ortega (vortega1@sandi.net), Office of School Innovation and Integrated Youth Services. Include a copy of the student's transcript with courses in progress. Once approved, this request form and next steps will be emailed to site registrar and counselor.

School: School Year:					
Requested Graduation Date (check one):	□ Q1 □ Q2/S1	□ Q 3	□ Q4/S2	Class of: _	
Student Name:			ID#:		Grade Level:
Reason for Early Graduation Request:					
Alternative Site Early Graduate: YES ○ No ○	○ If yes, indicat	te name o	f Home Site:		
<u>Certificate of Completion</u> : YES ○ No ○ (if	yes, section bel	ow DOES	NOT need to	be completed)
Current Schedule:					
Class of 2016 and beyond credits earned: Co	ompleted (✔), or	r In Progr	ess (IP), or P	rojected Cours	e (PC)
6 Credits: World History 1,2 US History 1	,2 Govt	Econ			
3 Credits: English 1,2 English 3,4 Ar	mLit 1 AmLit	t 2 S	Sr. English 1 ₋	Sr. English	2 Course taken:
6 Credits: Integ.Math I A-B (Alg) Integ.Mat	th II A-B (Geom) ₋	Integ	g.Math III A-B	(Int.Alg) O	ther Math:
6 Credits: Biology 1,2 Chemistry 1,2	Physics 1,2	_ Earth S	cience 1,2	Other Scien	ce:
4 Credits: Language Other Than English L	Language taken: _			LO1	E Certification:
2 Credits: Visual and Performing Arts					
4 Credits: Physical Education FitnessGra	am® completed _				
List any courses that will be taken through ih	High or Edgenuit	y as a fire	st time cours	e:	
High/Edgenuity:					
Current 9-12 WGPA:	Credits to Da	te:		Cre	dits Currently Enrolled:
Projected Credits in Final Semester or Quar	rter:		Projected T	otal Credits:	(44 minimum)

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Early Graduation Request for (Student Nar	me):	ID#:
Early graduates may participate in the June commethat time. Student or parent/guardian must confirm the current school year no later than March 30, 2019 early graduation can be sent to a community college the student.	n with school registrar if student will partion 9 to ensure student's name is included in	cipate in the commencement ceremony during the commencement program. 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:	
***************************************	************	************
District Head Counselor Notes (verification):		
Reviewed by (signature):		Date:
□ Approved		
□ Denied (See Counselor Notes)		
APPROVED BY:		
Executive Director, Office of School Innovation and	 I Integrated Youth Services	