

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 Leadership & Learning. Include a copy of the student's current transcript with courses in progress. Once approved, this request form and next steps will be emailed to site registrar and counselor.

School:				School Year of Graduation:		
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, indica	ate name o	f Home Site:			
Certificate of Completion: YES \circ No \circ (if	yes, section be	elow DOES	NOT need to	be completed)		
Current Schedule:						
Class of 2016 and beyond credits earned: Co	mpleted (✔), o	or In Progr	ess (IP), or Pi	rojected Course (PC)		
6 Credits: World History 1,2 US History 1,	2 Govt.	Econ				
3 Credits: English 1,2 English 3,4 An	nLit 1 AmL	_it 2 \$	Sr. English 1 _	Sr. English 2 0	Course taken:	
6 Credits: Integ.Math I A-B (Alg) Integ.Mat	h II A-B (Geom)) Integ	g.Math III A-B	(Int.Alg) Other Math:		
6 Credits: Biology 1,2 Chemistry 1,2	Physics 1,2	Earth S	science 1,2	Other Science:		
4 Credits: Language Other Than English L	.anguage taken:	:		LOTE Certifica	ation:	
2 Credits: Visual and Performing Arts						
4 Credits: Physical Education FitnessGra	m® completed					
List any courses that will be taken through iH	ligh or Edgenu	ity as a firs	st time course	e:		
High/Edgenuity:		-				
Current 9-12 WGPA:	Credits to D	Credits to Date:		Credits Curre	ntly Enrolled:	
Projected Credits in Final Semester or Quar	ter:		Projected To	otal Credits: (4	4 minimum)	

Site Operations Circular No. 2007 Attachment 1 Page 2 of 2

Early Graduation Request for (Student Name):	ID#:
that time. Student or parent/guardian must confirm with sci the current school year no later than $\underline{\text{March 30, 2020}}$ to ensu	t after completing all graduation requirements. The diploma will be available hool registrar if student will participate in the commencement ceremony during the student's name is included in the commencement program. Verification or rsity, technical program, or armed forces recruitment office as requested by
Student Signature:	Date:
Parent/Guardian Signature:	Date:
School Counselor Signature:	Date:
***********************************	***************************************
Does student plan to participate in commencement? YES	S O NO O
***************************************	**************************************
Approved by Principal:	(Please Print)
Signature:	Date:
Reviewed by (signature):	Date:
□ Approved	
Denied (See Counselor Notes)	
APPROVED BY:	
Sofia Freire, Chief, Office of Leadership & Learning	