

# Burriss Laboratory School

## Request for Early Graduation

Student Name: \_\_\_\_\_

Current Graduation Year: \_\_\_\_\_

Total Credits Earned: \_\_\_\_\_

**Diploma Goal:**    Core 40    Core 40 with Academic Honors

**I am looking to graduate at the conclusion of my:**

7<sup>th</sup> semester (end of 1<sup>st</sup> semester of Senior year), this form is due by **June 1<sup>st</sup> of your Junior year**

6<sup>th</sup> semester (end of Junior year), this form is due by **September 30<sup>th</sup> of your Junior year**

**If a student wishes to graduate early, he/she is to comply with the following policies:**

- 1) Student should speak with the high school counselor about his/her plan to graduate early.
- 2) All graduation requirements must be met by the end of his/her last semester at Burriss.
- 3) Must have a passing score on the *Algebra ISTEP* and the *English ISTEP*.
- 4) Complete the form below and obtain counselor, parent, and principal signatures.
- 5) Student will be allowed to participate in commencement, but will not be able to attend prom or senior trip.

**What are your reasons for graduating early?**

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**What are your post-secondary plans?**

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**Proposed Schedule to Complete Diploma Requirements:**

**5<sup>th</sup> Semester Courses**

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**6<sup>th</sup> Semester Courses**

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**7<sup>th</sup> Semester Courses**

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**Required Signatures:**

**Student Signature**

I have read and understand the guidelines and implications for applying for early graduation. I understand that I will not be able to participate in prom or Senior class trip. I know that graduating early might affect my eligibility for scholarships and my involvement in Senior class activities. I wish to submit my application.

\_\_\_\_\_

Student's Signature

\_\_\_\_\_

Date

**Parent Signature**

I am the legal parent or guardian for this student and I have read and understand the guidelines and implications for applying for early graduation. I know that early graduation might affect my student's eligibility for scholarships. I approve my child's decision to apply for early graduation.

\_\_\_\_\_

Parent's Signature

\_\_\_\_\_

Date

**School Counselor Signature**

I am the school counselor for this student and certify that this students has or can meet the graduation requirements of Burriss High School and the State of Indiana with the schedule we have provided. I approve this student's decision to apply for early graduation.

\_\_\_\_\_

School Counselor's Signature

\_\_\_\_\_

Date

**Principal Signature**

I am the principal for this student and certify that this student has or can meet the graduation requirements for both Burriss High School and the State of Indiana with the schedule we have provided. I approve this student's decision to apply for early graduation.

\_\_\_\_\_

Principal's Signature

\_\_\_\_\_

Date

Do you plan to participate in the Graduation Ceremony?  Yes  No