



# Curriculum and School Improvement Services Early Graduation Request

STUDENT NAME: \_\_\_\_\_ Date: \_\_\_\_\_  
 Alpha Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 G.P.A. \_\_\_\_\_ Age: \_\_\_\_\_  
 STUDENT'S SPECIFIC REASON FOR REQUEST: (Please print): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Parent's Recommendation: \_\_\_\_\_  
 \_\_\_\_\_  
 (Documentation needs to be attached (i.e., copy of SAT/ACT scores, college letter of intent, high school transcript, Bright Futures status))

**TO BE COMPLETED BY COUNSELOR:**

Conference Date(s): \_\_\_\_\_ Credits Completed: \_\_\_\_\_  
 Graduation G.P.A.: \_\_\_\_\_ Rank in Class G.P.A.: \_\_\_\_\_  
 FCAT Passed: \_\_\_\_\_ SAT/ACT Scores: \_\_\_\_\_  
 Courses/Credits Needed: \_\_\_\_\_ Dual Enrollment: \_\_\_\_\_  
 \_\_\_\_\_ Expected Graduation Date: \_\_\_\_\_  
 \_\_\_\_\_  
 Counselor Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**This request will be made based on the availability of required courses. Early graduates are not eligible for Valedictorian or Salutatorian honors. If approved for early graduation, it is the responsibility of the student to maintain contact with Volusia County Schools for graduation events, supplies, etc.**

Principal's Recommendation: \_\_\_\_\_  
 \_\_\_\_\_

_____ Student Signature	_____ Parent Signature
_____ Counselor Signature	This foregoing instrument was acknowledged before me this _____ day of _____, _____; who produced a Florida driver's license as identification or who is personally known to me.
_____ Principal Signature	
DATE APPROVED: _____	_____ Notary Signature My commission expires: _____