

WEST HARTFORD PUBLIC SCHOOLS  
**REQUEST FOR EARLY GRADUATION**

Name of student: \_\_\_\_\_

I wish to graduate: \_\_\_ at the end of my junior year.

OR \_\_\_ at the end of 1<sup>st</sup> semester of my senior year.

I wish to graduate early because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

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Counselor's Comments: \_\_\_\_\_

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

School Counseling Department Supervisor's Comments: \_\_\_\_\_

Signature of Department Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Assistant Principal's Comments: \_\_\_\_\_

Signature of Assistant Principal: \_\_\_\_\_ Date: \_\_\_\_\_

This request is \_\_\_ approved \_\_\_ not approved

Signature of Principal: \_\_\_\_\_ Date: \_\_\_\_\_

(Original to cumulative file, copies to principal and counselor)