

GRADUATION REQUIREMENTS
(Request for Credit)

Student Information

Name: _____ / _____ / _____

Address: _____

School: _____

Grade in the Upcoming School Year: _____

In accordance with policy, the above-named student requests credit for the following course(s):

Institution(s) Providing Course(s): _____

Description of Course(s): _____

Total Number of Credits Anticipated: _____

I understand that it is my responsibility to submit an official transcript of my grade(s) to the school by the date specified by the counselor in order to receive credit toward graduation. I further understand that I must provide official documentation that I completed and passed any course(s) at least ten (10) working days prior to graduation ceremonies in order to participate in those ceremonies.

Signature of Student

Date

To Be Completed by District Personnel

Application: G Approved G Rejected

Number of Credits Approved: _____

Reason (if disapproved): _____

FILE: IKF-AF
Critical

Signature of School Principal/Designee

Date

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: August 15, 2007

Revised:

Boonville R-I School District, Boonville, Missouri