

**New London High School
Student Request for Early Graduation**

Student Name: _____

Date: _____

*Request and signatures must be submitted prior to October 1st of the school year the student intends to graduate.

I hereby request permission for early graduation at New London High School. If this request is approved, I understand that any end-of-semester failures in courses required for graduation automatically voids approval of this request.

Student Counselor

_____ _____ Student has earned _____ credits of the _____ necessary credits for graduation.

_____ _____ Student is scheduled for _____ credits during the current semester.

_____ _____ Student has met the Civics requirement.

_____ _____ Student has met the Financial Literacy requirement.

_____ _____ Student has paid all financial obligations owed to the school.

_____ _____ No exceptions in course scheduling will be made to accommodate students considering early graduation.

_____ _____ Students approved for early graduation will be considered for any state scholarships or those granted by the School District of New London for which they are eligible under the following:

- a. Scholarship money awarded will not be made available until the successful completion of the first semester and proof on enrollment for second semester in a post-high school institution.
- b. Students are responsible for contacting the school for any or all scholarship information and applications.
- c. Students wishing to be considered for scholarship money must complete each application following the guidelines as established for that scholarship.

Providing _____ successfully completes his/her course work this semester, he/she will have satisfied all of the requirements for graduation.

Early graduate wishes to participate in the graduation ceremony: YES NO

Student

Counselor

I, _____, hereby give permission for my son/daughter to graduate early upon his/her successful completion of the graduation requirements.

Parent Signature _____

Date: _____