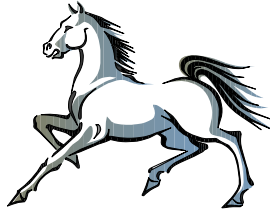


# MELBA HIGH SCHOOL

## HOME OF THE *MUSTANGS*

*DICK DAVIS  
STEVE BARKER  
BOB LENZ  
PHONE  
FAX*



*PRINCIPAL  
ACTIVITIES DIRECTOR  
COUNSELOR  
495-2221  
495-2188*

### APPLICATION for EARLY GRADUATION

NAME \_\_\_\_\_ DATE of APPLICATION \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ STUDENT CURRENTLY HAS \_\_\_\_\_ TOTAL CREDITS.

DATE STUDENT IS REQUESTING FOR EARLY GRADUATION \_\_\_\_\_

LIST COURSES and CREDITS NEEDED TO GRADUATE BETWEEN DATE OF APPLICATION AND DATE of EARLY GRADUATION.


BELOW, BRIEFLY OUTLINE A TIMELINE DETAILING WHEN and WHERE THE COURSES NAMED ABOVE WILL BE COMPLETED.

**SUMMER SESSION of 200** \_\_\_\_\_  
(List classes and location they will be taken below)  
Class/Location

Class/Location

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**FALL SEMESTER of 200** \_\_\_\_\_  
(List classes and location they will be taken below for each semester.)  
Class/Location

**SPRING SEMESTER of 200** \_\_\_\_\_  
Class/Location

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**SUMMER SESSION of 200** \_\_\_\_\_ (List classes and location they will be taken below)  
Class/Location

Class/Location

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On a separate sheet of paper, please list the unusual and unique circumstances which necessitate early graduation. Please be thorough.

DATE: \_\_\_\_\_  
ADMINISTRATION RECOMMENDATION: \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY

DATE: \_\_\_\_\_  
BOARD ACTION: \_\_\_\_\_ APPROVE \_\_\_\_\_ DENY