

Graduation Plan for Seniors

Name: _____ **Date:** _____

Diploma Type: _____

Total Standard Credits Earned: _____

Total Verified Credits Earned: _____

Courses Need to Graduate:

Verified Credits needed:

Plan for Earning Credits:

Forms submitted (if necessary) _____

Date for Completion: _____

Do you plan to participate in the summer graduation ceremony? Yes No

Student Signature

Date

Parent Signature

Date

Counselor Signature

Date

Director of Counseling Signature

Date