



**School Counseling Department**  
 184 Hancock Road • Peterborough, NH 03458  
 Tel: 603-924-4120 Fax: 603-924-2325

### Early Graduation Request

**Part One: To be completed by student and parent.** *Note: To be considered a senior and to be included in the yearbook, this form must be submitted by June of the prior year.*

\_\_\_\_\_  
 Student Name

\_\_\_\_\_  
**Current** graduation date  
 Month/Year

\_\_\_\_\_  
**Requested** graduation date  
 Month/Year

**Specific reason(s)** for requesting early graduation:

\_\_\_\_\_  
 Student's Signature

\_\_\_\_\_  
 Parent's Signature

\_\_\_\_\_  
 Date

**Part Two: To be completed by school counselor.**

Course Requirements	Credits required	Credits earned	Credits in process	Credits remaining	Senior Year Schedule course credits/semester	
English	4					
Economics	½					
Government	½					
Global Studies	1					
US History	1					
Mathematics	3					
Science-Biological	1					
Science-Physical	1					
Science - Lab	1					
PE	1					
Health	1					
Consumer Ed	½					
Career Ed	½					
Art	½					
Computer	½					
Electives	9					
<b>TOTAL</b>	<b>26</b>					

Counselor recommendation: \_\_\_\_ Approve \_\_\_\_ Deny

Rationale:

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

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**Part III: To be completed by the Early Graduation Committee**

Team recommendation: \_\_\_\_ Approve \_\_\_\_ Deny

Rationale:

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of School Counseling Signature

\_\_\_\_\_  
Date

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**Return to Registrar. Date received:** \_\_\_\_\_