



**REASON FOR REQUEST:**

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I wish to be considered for an alternative to the four-year enrollment requirement for graduation for the following reason(s):

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\_\_\_\_\_  
*Student Signature*

\_\_\_\_\_  
*Date*

I request that the alternative to the four-year enrollment requirement for graduation for my daughter/son be approved.

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

**COUNSELOR/ADMINISTRATIVE COMMENT:**

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**VERIFICATION:**

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- For College Enrollment: An official letter of acceptance from the college you will be attending must be attached.

OR

- For Employment: Employer's verification must be completed.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_  
*Employer's Signature (Required)*

\_\_\_\_\_  
*Date*

**APPROVAL:**

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Principal Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No

\_\_\_\_\_  
Signature of Superintendent of Schools or Designee: *(Required only for early admission or early graduation)*

\_\_\_\_\_  
Date: \_\_\_\_\_

Approved: \_\_\_ Yes \_\_\_ No