

WARREN EARLY COLLEGE HIGH SCHOOL	REQUEST FOR FOUR-YEAR GRADUATION OPTION
Parent/Student Request for Review	
<i>This request is submitted to request that my child's transcript and other relevant records be reviewed to determine if he/she meets the requirements for the four-year graduation option.</i>	
Student Name:	Parent Name:
Student Signature:	Parent Signature:
Date:	Date:
SCHOOL USE ONLY	
Principal/Person Receiving:	Date Request Received:
1. Is this student on track to meet all high school graduation requirements for WECHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Is this student on track to meet all requirements to earn an associate degree during his/her fourth year at WECHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Has this student certified his/her intent to apply for WECHS four-year graduation option during the first 15 days of his/her fourth year? Yes <input type="checkbox"/> No <input type="checkbox"/>	
4. What is the student's postsecondary plan?	
5. Have you counseled with the student and parents regarding his/ her postsecondary plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	
6. Do you recommend that this student pursue the four-year graduation option? Yes <input type="checkbox"/> No <input type="checkbox"/> Provide a brief explanation for either response.	
Date of Meeting:	
Student Signature:	Counselor Signature:
Parent Signature:	Principal Signature:
<i>Attach a copy of the student's transcript</i>	
Final Review	
_____ This student is approved for four-year graduation.	Superintendent Signature:
_____ This student is not approved for four-year graduation.	Date:

Original: Parent

Copy: _____ Guidance Dept.

AS-123

Revised: 10/01/15

_____ Superintendent's Office