

II. Additional Credits Needed

Required Courses				Elective Courses			
Course	Credits	Completed	Trimester/Year	Course	Credits	Completed	Trimester/Year
Total Required Credits to be completed _____				Total Elective Credits to be completed _____			

A. Parent/guardian

I (do) (do not) approve of early completion of graduation requirements as of: _____ (date)

Parent/Guardian Signature

B. Counselor

I (do) (do not) approve of early completion of graduation requirements as of: _____ (date)

Counselor Signature

C. Principal

I (do) (do not) approve of early completion of graduation requirements as of: _____ (date)

Principal Signature

D. Superintendent/Designee

I (do) (do not) approve of early completion of graduation requirements as of: _____ (date)

Superintendent/Designee Signature

INDEPENDENT SCHOOL DISTRICT 279
Maple Grove, Minnesota

