

**GRADUATION REQUIREMENTS**  
*(Request for Credit)*

**Student Information**

Name: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address: \_\_\_\_\_

School: \_\_\_\_\_

Grade in the Upcoming School Year: \_\_\_\_\_

In accordance with policy, the above-named student requests credit for the following course(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Institution(s) Providing Course(s): \_\_\_\_\_

Description of Course(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total Number of Credits Anticipated: \_\_\_\_\_

I understand that it is my responsibility to submit an official transcript of my grade(s) to the school by the date specified by the counselor in order to receive credit toward graduation. I further understand that I must provide official documentation that I completed and passed any course(s) at least ten (10) working days prior to graduation ceremonies in order to participate in those ceremonies.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

***To Be Completed by District Personnel***

Application: G Approved G Rejected

Number of Credits Approved: \_\_\_\_\_

Reason (if disapproved): \_\_\_\_\_

\_\_\_\_\_

FILE: IKF-AF  
Critical

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Signature of School Principal/Designee

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Date

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***Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.***

Implemented: 08-06-2007

Revised:

Tri-County RVII School District; Jamesport MO