

**Corvallis High School**

**INSTRUCTION**

2410F1  
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Waiver of Graduation Requirements

**Corvallis High School**

**PO Box 700**

**Corvallis, MT 59828**

**Request for Waiver of Graduation Requirements**

**Request for Early Graduation**

I am requesting a deviation from the graduation requirements as outlined in Corvallis School District Policy 2410P. I understand that I must provide the following information to the Corvallis High School Principal so that he/she may propose the deviations to the Superintendent who may make a recommendation to the Corvallis School District Board of Trustees.

I am hereby requesting a deviation from the graduation requirements for the 20\_\_-20\_\_ school year.

Student's Name	Date of Birth	Current Grade	Anticipated Graduation Date

Name and address of custodial parent, legal guardian or other person with documented legal custody of this student. If there are separate addresses for mother and father, please list both.

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**Early Graduation Request Requirements**

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|---|-----|----|
| 1. I would like to apply for early graduation.  | Yes | No |
| 2. I have read and understand policies, 2410 and 2410P (attached).  | Yes | No |
| 3. Submit the request for early graduation to the Corvallis High School Principal by May 1 <sup>st</sup> .  |     |    |
| 4. Include a letter from the student explaining the reasons for requesting early graduation.  |     |    |
| 5. Include a letter from the parent or guardian expressing support for early graduation.  |     |    |
| 6. Attach a copy of your unofficial transcripts from Corvallis High School. Copies may be obtained through the high school office or counseling department. |     |    |
| 7. Attach a copy of your Corvallis High School credit analysis. Copies may be obtained through the counseling office.                                       |     |    |

Corvallis Public School use only:

Date Waiver Request Received	_____	
Unofficial Transcript	_____	
Credit Analysis	_____	
Counselor Consultation	_____	Date: _____
Meeting with Student, Parent/Guardian	_____	Date: _____
CHS Principal Proposal to Superintendent	_____	Date: _____
Recommendation by Superintendent	_____	Date: _____

Corvallis School Board:

Waiver requirement is hereby:	Approved	Denied	Date
	_____	_____	_____

Policy History:

Adopted on: 11-9-10

Revised on: 2-6-2012