Dover Area High School Early Graduation Application

This form must be completed and approved before a high school diploma will be granted.

Student Name:Address:			Date of Application: Student ID:			
CTE student: (circle one)	Yes	No				
Students graduating your plans by circlin		igible to pa	rticipate in prom a	nd the gradua	tion ceremony. I	Please indicate
Participation in the graduation ceremony? Participation in prom?			(circle one) (circle one)	Yes Yes	No No	
Please state your re	easons for ea	arly graduat	ion:			
State your plans for State your plans for			er following early o	graduation:		
Upon submission any remaining req Tests/Remediation by the school boa	uired cours n, communit	es/credits	as well as any g	raduation req	uirements not y	et met (Keystone
Student Signature:				Date: _		· ·
Parent Signature:				Date: _		
Counselor Signatur	e:			Date: _		
Administrator Signa	ature:			Date: _		
CTE Director Signa	ature (if need	ed):		Dat	e:	

^{*}Students graduating early are able to finish any winter sports season but are unable to participate in spring sports (per PIAA regulations).