

MADISON COMMUNITY UNIT SCHOOL DISTRICT NO. 12

Madison County

*"Through Rigor, Relevance and Relationships"
Madison CUSD #12 will maximize ALL students'
potential to be successful in the world.*

Administrative Office:
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www.madisoncUSD12.org

Dr. Andrew P. Reinking
Superintendent

Early Graduation Request Form

Student Information

- Date Submitted (must be before October 1st): _____
- Student Name: _____
- SIS ID #: _____
- Date of Birth: _____
- Current Grade Level: _____
- Expected Graduation Date (Early): _____

Parent/Guardian Information

- Parent/Guardian Name(s): _____
- Phone: _____
- Email: _____

Request for Early Graduation

I am requesting approval to graduate prior to the end of the traditional senior year. I understand that early graduation approval is contingent upon completion of ***all Illinois state and district graduation requirements and commitment to one of the reasons below.***

Reason for Early Graduation (check all that apply):

- ☐ College enrollment (provide copy of acceptance)
- ☐ Career/employment opportunity (provide letter from employer)
- ☐ Military enlistment (provide recruiter statement)

Brief explanation (attach as needed):

Academic Plan Summary

(To be completed with counselor)

- Total credits required for graduation: _____
- Credits earned to date: _____
- Credits in progress/final semester: _____
- All required subject areas completed by proposed graduation date:
☐ Yes ☐ No

Counselor Signature: _____

Date: _____

Student Acknowledgment

I understand that:

- I must complete **all state and district graduation requirements** to receive a diploma.
- Approval for early graduation may affect eligibility for athletics, extracurricular activities, dual credit/dual enrollment, and student services.
- Early graduation may impact NCAA eligibility, financial aid, and scholarship timelines.

Student Signature: _____

Date: _____

Parent/Guardian Acknowledgment

I have reviewed this request and support my student's plan for early graduation.

Parent/Guardian Signature: _____

Date: _____

Review & Approval**Counselor Review:**

- ☐ Graduation requirements verified
- ☐ Academic plan reviewed
- ☐ FAFSA/Alternative Application/Waiver discussed

Counselor Name & Signature: _____

Date: _____

Administrator Decision:

- ☐ Approved ☐ Denied

Administrator Name & Signature: _____

Date: _____

Board Decision:

Board Approval Date: _____

Early Graduation Checklist
(To be Retained in Student File)
(For Counselor / Administration Use)

Academic Requirements

- ☐ Student will complete **all state-mandated coursework** (105 ILCS 5/27-605)
- ☐ English (4 years)
- ☐ Math (3 years, including Algebra I & Geometry content)
- ☐ Science (2 years)
- ☐ Social Studies (2 years, including U.S. History & Civics)
- ☐ Fine Arts / CTE / World Language (per district policy)
- ☐ Consumer Education
- ☐ District-specific graduation requirements met

Completed By: _____ Date: _____

Procedural & Legal Requirements

- ☐ FAFSA completed **OR**
- ☐ Alternative Application for Illinois Financial Aid completed **OR**
- ☐ FAFSA Waiver on file (105 ILCS 5/22-87)
- ☐ Seven (7) semester requirement met
- ☐ Attendance and discipline reviewed
- ☐ Parent/guardian conference completed

Completed By: _____ Date: _____

Post-Graduation Planning

- ☐ Postsecondary plan documented (college, career, military - attach)
- ☐ NCAA eligibility implications reviewed (if applicable)
- ☐ Extracurricular/athletics eligibility discussed
- ☐ Commencement participation clarified

Completed By: _____ Date: _____

Final Verification

- ☐ Credits audited
- ☐ Graduation date confirmed
- ☐ Diploma eligibility verified
- ☐ Student removed from enrollment effective graduation date

Completed By: _____ Date: _____