



Application for Consideration of Alternative Graduation

Applicants Name (when in school) _____

Any other names used _____ Date of Birth _____

Phone Number _____ Address _____

City _____ State _____ Zip Code _____

Was Seguin High School the last high school you attended? Yes [] No [] If no, where? _____

What was your first year to attend high school? _____ Have you received a GED? Yes [] No []

Have you earned a certification? (ex. welding, cosmetology, etc.) Yes [] No [] Attach a copy to this application

Have you attended college? Yes [] No [] Where _____ When _____

Are you current or former military? Yes [] No [] If Yes, please provide proof of participation.

*****Please attach a resume highlighting work experience*****

Signature _____ Date _____

For Office Use Only: Do not write below this line.

Applicant meets all of the following:

Entered 9th grade prior to 2011 Yes [] No [] Transcript meets requirements Yes [] No []

Assessments taken meet min. attempts? Yes [] No []

If any are No, explain:

If all Yes:

The committee considered the following items on (date) _____ to determining qualification for alternate graduation requirements: (attached additional page if needed for documentation)

The alternative graduation committee determined the applicant Will [] Will Not [] be award graduation status on this date _____ pursuant to Education Code section 28.02541 and adopted by the Seguin ISD Board of Trustees on November 27, 2018.

Committee Signatures:

Applicant notified on: _____ Transcript updated on: _____ Transcript provided on: _____

District: Scan and attach this form to revised transcript.