



EARLY HIGH SCHOOL GRADUATE FORM
(To be completed by school administrator)

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Date: _____

St. Louis Community College
Registrar's Office
5600 Oakland Ave.
St. Louis, MO 63110

I certify the following student, _____, with date of birth _____
(First Name) (Last Name) (MM/DD/YYYY)

will graduate on _____, one semester early. He/she has met all of the graduation requirements for
(MM/DD/YYYY)

_____, and will start at St. Louis Community College the Spring 2019 semester.
(High School Name)

Name of High School official

Title of High School official

INFORMATION FOR HIGH SCHOOL ADMINISTRATOR

A final, official high school transcript must be sent directly to the STLCC Registrar's office by Wednesday, Jan. 9, 2019.
If delayed, this could result in the student being dropped from his/her classes.

Transcripts can be sent via mail: STLCC-Registrar's Office, 5600 Oakland Ave., St. Louis, MO 63110; or sent to STLCC using an approved secure vendor (i.e. e-Scrip, Naviance, National Student Clearinghouse, Parchment or SCIOR). *Transcripts issued to the student, hand carried, faxed, or sent as an email attachment will not be accepted as official documents.*

Should you have any questions, please contact me at _____ or _____.

Sincerely,