

## **EARLY HIGH SCHOOL GRADUATE FORM**

(To be completed by school administrator)

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Date:						
St. Louis Community Registrar's Office 5600 Oakland Ave. St. Louis, MO 63110	-					
I certify the followin	ng student:					
		. Wit	th date of birth			
(First Name)	(MN)	(Last Name)	(MM/DD/YYYY)			
will graduate on	(MM/DD/YYYY)	, one semester early. He/she has met all	semester early. He/she has met all graduation requirements for			
(High Sch	nool Name)	, and will start at St. Louis Comn	nunity College the Spring 2025 semester.			
Name of High Schoo	ol official	Title of High Sc	hool official			
Signature of High Sc	hool official	High School Off	High School Official email/telephone number			
If delayed, this coul	n school transcrip Id result in the stu	DMINISTRATOR  t must be sent directly to the STLCC Regist  ident being dropped from his/her classes, h  h moving forward in the enrollment proces	nowever completion and submission of			
using an approved	secure vendor (i.e	CC-Registrar's Office, 5600 Oakland Ave., St e. Naviance, National Student Clearinghouse and carried, faxed, or sent as an email atta	e, Parchment or SCIOR).			
Should you have an	ny questions, plea	se contact me at	or			
Sincerely,						