

Highline High School
Request for Middle School Credits to be applied to
High School Graduation Requirements

Student Name: _____ Date: _____

Student ID# _____ Date of Birth: _____

Graduation Year: _____

Name of Middle School where course was taken: _____

(If course taken at a middle school outside of Highline Public Schools, a copy of your middle school academic history/transcript must accompany this request.)

Course Information (number, title and year taken):

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I understand that once this request is granted, the course will:

1. Count towards fulfilling Highline Public Schools graduation requirements/credits.
2. Be part of the cumulative grade point.
3. Cannot be removed from the transcript.

Student's Signature: _____

Parent/Guardian Signature: _____

High School Counselor Signature: _____

Registrar Signature: _____ Date: _____