

Name:

ID:

Entered:

**Graduation Plan**

Courses

Semester

**ENGLISH**

English I	<input type="checkbox"/>	<input type="checkbox"/>
English II	<input type="checkbox"/>	<input type="checkbox"/>
English III	<input type="checkbox"/>	<input type="checkbox"/>
English IV	<input type="checkbox"/>	<input type="checkbox"/>

**SPEECH**

**MATH**

Algebra I	<input type="checkbox"/>	<input type="checkbox"/>
Geometry	<input type="checkbox"/>	<input type="checkbox"/>
MMA or Alg 2	<input type="checkbox"/>	<input type="checkbox"/>
Alg 2 or Pre Calc	<input type="checkbox"/>	<input type="checkbox"/>

**SCIENCE**

Biology	<input type="checkbox"/>	<input type="checkbox"/>
IPC or Chem	<input type="checkbox"/>	<input type="checkbox"/>
Chem or Physics	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**SOCIAL STUDIES**

W. Geography/W. History	<input type="checkbox"/>	<input type="checkbox"/>
US History	<input type="checkbox"/>	<input type="checkbox"/>
Government	<input type="checkbox"/>	
Economics	<input type="checkbox"/>	

**PHYSICAL EDUCATION**

<input type="checkbox"/>	<input type="checkbox"/>
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**LANGUAGE**

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**FINE ARTS**

<input type="checkbox"/>	<input type="checkbox"/>
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**ELECTIVES**

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	<input type="checkbox"/>	<input type="checkbox"/>

**STAAR**

ENG 1	<input type="checkbox"/>	ALG 1	<input type="checkbox"/>
ENG 2	<input type="checkbox"/>	BIO	<input type="checkbox"/>
		US HIST	<input type="checkbox"/>

Total Credits _____	Local Credits _____
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