
LAST NAME **FIRST NAME** **STUDENT ID#**

ELL **GRADE** 9 10 11 12
 504
 SPED

CLASS OF
EARLY GRAD ____/____

ENGLISH – 4 CREDITS

<input type="checkbox"/> English I-1	<input type="checkbox"/> English II-1	<input type="checkbox"/> English III-1 / AP Lang 1	<input type="checkbox"/> English IV-1 / AP Lit 1 _____
<input type="checkbox"/> English I-2	<input type="checkbox"/> English II-2	<input type="checkbox"/> English III-2 / AP Lang 2 / Comp	<input type="checkbox"/> English IV-2 / AP Lit 2 _____

MATHEMATICS – 3 CREDITS

<input type="checkbox"/> Sem 1 _____	<input type="checkbox"/> Sem 3 _____	<input type="checkbox"/> Sem 5 _____	ALG REQ MET <input type="checkbox"/>
<input type="checkbox"/> Sem 2 _____	<input type="checkbox"/> Sem 4 _____	<input type="checkbox"/> Sem 6 _____	

SCIENCE – 3 CREDITS

<input type="checkbox"/> Life Sci 1 _____	<input type="checkbox"/> Phy Sci 1 _____	<input type="checkbox"/> Elective _____
<input type="checkbox"/> Life Sci 2 _____	<input type="checkbox"/> Phy Sci 2 _____	<input type="checkbox"/> Elective _____

SOCIAL STUDIES – 4 CREDITS

<input type="checkbox"/> AK Studies	<input type="checkbox"/> World History 1	<input type="checkbox"/> US History 1	<input type="checkbox"/> United States Government
<input type="checkbox"/> Ancient Civ / Elective	<input type="checkbox"/> World History 2	<input type="checkbox"/> US History 2	<input type="checkbox"/> Economics _____

PE – 1.5 CREDITS

<input type="checkbox"/> Sem 1 _____ (K <input type="checkbox"/> + K <input type="checkbox"/> = Waived [GE])	<input type="checkbox"/> Sem 2 _____ (K <input type="checkbox"/> + K <input type="checkbox"/> = Waived [GE])	<input type="checkbox"/> LPF _____ (K <input type="checkbox"/> + K <input type="checkbox"/> + W Test-out = Waived [GE]) (W+P Testout = Waived [GE])
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ELECTIVES – 7 CREDITS

<input type="checkbox"/> 1 _____	<input type="checkbox"/> 6 _____	<input type="checkbox"/> 11 _____	<i>Additional (not required):</i> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<input type="checkbox"/> 2 _____	<input type="checkbox"/> 7 _____	<input type="checkbox"/> 12 _____	
<input type="checkbox"/> 3 _____	<input type="checkbox"/> 8 _____	<input type="checkbox"/> 13 _____	
<input type="checkbox"/> 4 _____	<input type="checkbox"/> 9 _____	<input type="checkbox"/> 14 _____	
<input type="checkbox"/> 5 _____	<input type="checkbox"/> 10 _____		