



# Running Start Graduation Plan

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## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Name: High School: \_\_\_\_\_

Current Grade: 11<sup>th</sup>: \_\_\_\_\_ 12<sup>th</sup>: \_\_\_\_\_ Graduation Yr: \_\_\_\_\_

Technical Program \_\_\_\_\_

HIGH SCHOOL REQUIREMENTS	HS Credits	CPTC Course

Student is approved to take On-line classes. Yes No

\_\_\_\_\_  
Counselor's Signature Print name Phone # Date

### TO BE SIGNED BY THE STUDENT

I give my permission to release information regarding my transcript and any information related to my education at Clover Park Technical College to my high school. I understand that it is my responsibility to confirm courses I take at Clover Park Technical College will meet my high school graduation requirements.

\_\_\_\_\_  
Student's Signature Print name Date