

ANDREWS ACADEMY
Graduation with Academic Honors

Name _____ I.D. # _____

Date _____ Grade _____

To the Academic Affairs Committee:

It is my desire to graduate from Andrews Academy with academic honors. I understand the policy printed in the Sourcebook and request approval to be admitted into the honors program. The information and signatures below verify my intentions and confirm my awareness of the provisions and requirements of the Graduation with Academic Honors policy. This form is to be submitted during the second semester of the junior year.

Plan your program in the space provided, indicating how you expect to fulfill the Graduation with Academic Honors requirements and specified units and projects.

Choose and identify three specified units and
(Guidelines)

				15.0	24.0
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Total credits you expect to earn:

Solid Credits _____
Non-Solid Credits _____
Total _____

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