

Seat Time Waiver  
**Student Graduation Plan Worksheet**

**Step 3**  
 To be completed  
 by counselor

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

<b>English</b>	<b>Year 1</b>	<b>Cr</b>	<b>Year 2</b>	<b>Cr</b>	<b>Year 3</b>	<b>Cr</b>	<b>Year 4</b>	<b>Cr</b>
English 9 A								
English 9 B								
English 10 A								
English 10 B								
English 11 A								
English 11 B								
English 12 A								
English 12 B								
<b>Total English (4 credits):</b>								

<b>Social Studies</b>	<b>Year 1</b>	<b>Cr</b>	<b>Year 2</b>	<b>Cr</b>	<b>Year 3</b>	<b>Cr</b>	<b>Year 4</b>	<b>Cr</b>
World History A								
World History B								
American History A								
American History B								
American Government								
Other Social Studies								
<b>Total Soc. Studies (3 credits):</b>								

<b>Mathematics</b>	<b>Year 1</b>	<b>Cr</b>	<b>Year 2</b>	<b>Cr</b>	<b>Year 3</b>	<b>Cr</b>	<b>Year 4</b>	<b>Cr</b>
Algebra I A								
Algebra I B								
Algebra II A								
Algebra II B								
Geometry								
Math/Math Related Credit								
Other Math								
<b>Total Math (4 credits):</b>								

<b>Science</b>	<b>Year 1</b>	<b>Cr</b>	<b>Year 2</b>	<b>Cr</b>	<b>Year 3</b>	<b>Cr</b>	<b>Year 4</b>	<b>Cr</b>
Biology A								
Biology B								
Chemistry or Physics								
Other Science								
<b>Total Science (3 credits):</b>								

<b>Physical Education &amp; Health</b>	<b>Year 1</b>	<b>Cr</b>	<b>Year 2</b>	<b>Cr</b>	<b>Year 3</b>	<b>Cr</b>	<b>Year 4</b>	<b>Cr</b>
PE								
Health								
<b>Total PE &amp; Health (1 credit):</b>								

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Visual, Performing, or Applied Arts	Year 1	Cr	Year 2	Cr	Year 3	Cr	Year 4	Cr
Total Arts (1 credit):								

Online Experience	Year 1	Cr	Year 2	Cr	Year 3	Cr	Year 4	Cr
Total Online Experience:								

Foreign Language (beginning with class of 2016)	Year 1	Cr	Year 2	Cr	Year 3	Cr	Year 4	Cr
Total Foreign Language (2 credits):								

Electives	Year 1	Cr	Year 2	Cr	Year 3	Cr	Year 4	Cr

**Recommended Course Schedule (these are your online courses):**

Course	Credit	Provider	Target Date of Completion

Assign and meet with the mentor teacher. Provide Guidelines.

Mentor Teacher: \_\_\_\_\_

Weekly Contact Arrangements (Time/Location):

Phone Number: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Name and title of person completing this form

\_\_\_\_\_  
 Date