



RUTHERFORD COUNTY BOARD OF EDUCATION

Marvin D. Odom, Director of Schools

2240 Southpark Drive
Murfreesboro, Tennessee 37128
Phone (615) 893-5812 Fax (615) 898-7940

Graduation "FOCUS" Form

School: _____ Date: _____

Student Name: _____ State ID: _____

Reason for Request: **Check One**

1. A transfer to a new school where course requirements will delay graduation.
2. The student's chosen Program of Study (POS) is no longer offered by the school.
3. A specific course within the student's chosen POS is no longer offered by the school or available.

Explain how the request will reflect the student's course schedule in order to graduate:

Program Area: _____ Pathway: _____

List Focus Courses Taken:

Credit 1	Credit 2	Credit 3

Student Signature

Counselor Signature

Principal Signature

CTE Coordinator Signature

Student Transcript Must be Attached

— Empowering Today's Students to Grasp Tomorrow's Opportunities —