Name:	School:	
TEP 1	MEET WITH GUIDANCE COUNSELOR	Date of Meeting:
STEP 2	SUBMIT COMPLETED APPLICATION TO COUNSELOR Attach the following and attain signatures:	Date Submitted:
	Written description of reasons for request Plan of Action (Include how you will attain remaining credits and plans for post- graduation) Two (2) letters of support (to include school staff) Transcript Documentation (if for medical reasons)	