

Mounds View Public Schools
350 Highway 96 West
Shoreview, MN 55126

Form EG-1102

GRADUATION REQUIREMENTS APPEAL

Student Name _____ School _____

Student Address _____

Parent/Guardian Name _____

1. Decision to which you object:

2. Why do you object?

3. Other comments:

Date _____ Signature _____

Adopted: June 30, 1998
Revised: 3-8-06 (address change only)