

Post Graduate Course Selection Form (2026-27)

Students First Name: _____ Students Last Name: _____

Post Grad
All Post Grads will participate in scheduled practice times during the season
Post Grad special projects 30 (5 credits) – Semester 1, all post grads take this class
Upgrade one High School Course: _____ (course name, if needed)
One new (never been taken before) High School Course: _____ (course name, if needed)

1. Bring your Grade 9 high school transcript
2. Bring your NCAA number with you (if applicable)
3. Complete this form and return it to Mike Stevens, mstevens@edgeschool.com in Admissions.
4. Schedule a meeting with Mrs. Fridd, dfridd@edgeschool.com