



César Chávez Academy High School
Graduation Audits



NAME : _____

Class of _____

<p align="center">English: 4 Credits</p> <p><input type="checkbox"/> English 9A</p> <p><input type="checkbox"/> English 9B</p> <p><input type="checkbox"/> English 10A</p> <p><input type="checkbox"/> English 10B</p> <p><input type="checkbox"/> English 11A</p> <p><input type="checkbox"/> English 11B</p> <p><input type="checkbox"/> English 12A</p> <p><input type="checkbox"/> English 12B</p>	<p align="center">Math: 4 Credits</p> <p><input type="checkbox"/> Algebra 1A</p> <p><input type="checkbox"/> Algebra 1B</p> <p><input type="checkbox"/> Algebra 2A</p> <p><input type="checkbox"/> Algebra 2B</p> <p><input type="checkbox"/> Geometry A</p> <p><input type="checkbox"/> Geometry B</p> <p><input type="checkbox"/> Senior Math A</p> <p><input type="checkbox"/> Senior Math B</p>
<p align="center">Social studies: 3 Credits</p> <p><input type="checkbox"/> US history A</p> <p><input type="checkbox"/> US history B</p> <p><input type="checkbox"/> World History A</p> <p><input type="checkbox"/> World History B</p> <p><input type="checkbox"/> Government/US Civics</p> <p><input type="checkbox"/> Economics</p>	<p align="center">Science: 3 Credits</p> <p><input type="checkbox"/> Biology A</p> <p><input type="checkbox"/> Biology B</p> <p><input type="checkbox"/> Chemistry/Physics A</p> <p><input type="checkbox"/> Chemistry/physics B</p> <p><input type="checkbox"/> Science Elective A</p> <p><input type="checkbox"/> Science Elective B</p>
<p align="center">Fine Arts: 1 Cred</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p align="center">Physical Education: 1 Cred</p> <p><input type="checkbox"/> Physical Education</p> <p><input type="checkbox"/> Health</p>
<p align="center">Foreign Language: 2 Creds</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>	<p align="center">Electives: 6 Credits</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p> <p><input type="checkbox"/> _____</p>
<p>Comments:</p>	