



## *WJCC Course Change Request Form*

In the spaces below, please identify any changes you would like to make to the elective courses your student selected, which are available online through VUE accounts. Once you have included all requested changes, *please sign and return this form to your school counselor* before **March 19, 2021**.

Student Name: \_\_\_\_\_  
Last First M.I

Grade: \_\_\_\_\_ School Counselor: \_\_\_\_\_

Change: \_\_\_\_\_ to \_\_\_\_\_  
Elective Course Name Elective Course Name

Change: \_\_\_\_\_ to \_\_\_\_\_  
Elective Course Name Elective Course Name

Change: \_\_\_\_\_ to \_\_\_\_\_  
Elective Course Name Elective Course Name

By checking this box, I verify that I am the parent/guardian of this student and authorize the requested changes above to be made.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_