



For Office Use Only:
Received: _____
Scheduled online: _____
Testing date: _____

WJCC Secondary Mathematics Acceleration Request Form

Please provide the following information in print to the student's school counselor

Student's Last Name: _____ First Name: _____

Student's School: _____ Student's Current Grade: _____

Math course completed during SY21-22: _____ Final grade: _____

Math course student wishes to enroll in during SY22-23: _____

Reason for this request: _____

Below please provide additional important math background information such as state testing scores, math course performance, etc.

Check any items below that apply:

The student transferred into WJCC Transfer date: _____

The student transferred from another WJCC school School transferred from: _____
Transfer date: _____

Person Requesting Test: _____ Relationship to student: _____

Contact Number: _____ Email: _____

I have reviewed the information provided on the WJCC Mathematics Course Acceleration website and I agreed to adhere to the WJCC Mathematics Acceleration testing process.

Signature

Date

*In order for the student to test, proper paperwork is due to the school Counseling Office no less than 24 hours prior to the requested testing date.