

VIRDEN COLLEGIATE COURSE CHANGE FORM

* Please Note: Any student wishing to make course changes is required to get the signatures of the subject teachers involved, your homeroom teacher, your parent or guardian and the office BEFORE the change is finalized.

DATE: _____ **HOMEROOM:** _____

Homeroom Teacher's Signature

Student's Last Name: _____

Student's First Name: _____

Subject Code	Section #	Action (A)dd or (D)ete	
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Teacher's Signature
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Teacher's Signature
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Teacher's Signature
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Teacher's Signature
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Teacher's Signature
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Teacher's Signature
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
			Teacher's Signature

The parent or guardian has seen and approved the course changes shown above

Parent/Guardian Signature

The office has seen and approved the course changes shown above.

VCI Office Signature