



HIGH SCHOOL RELATIONS

Student Course Requests

Student First and Last name _____

High school _____

I request the following ECE Concurrent courses:

Fall Semester	Spring Semester

For Counselor Use Only:

- ☐ Copy of required test scores
- ☐ Credit check completed
- ☐ Student Success Plan on file
- ☐ ECE Student Agreement initialed and signed

Counselor Signature

Date