



Transcona Collegiate

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Acting Vice-principal: Shauna Martin | Email: tc@retsd.mb.ca | Web: www.retsd.mb.ca/tc

ADDITIONAL COURSE REQUEST FORM

DATE: _____

My current course request is:

I would like to register for the following additional course(s);

These courses are above and beyond the required course load for my grade _____ school year. The reason I would like to take this additional course(s) is as follows:

Thank you for considering my request.

Students Name (printed)

Students Signature

APPROVED

DENIED

Principal Signature