



Administrative Form 6640
WCSD MASTER COURSE FILE – MODIFICATION REQUEST

Complete this form when requesting a modification to the District Master Course File in Infinite Campus. Submit all paperwork to the Director of Curriculum & Instruction by email or school mail at "RCTL/Edison."

New Course Change to Existing Course Delete Course

Course Title (max 20 characters): _____

Long Course Name: _____

Level: _____ Type of Credit Earned: _____

Honors (HS Only): _____ Duration: _____

Semester Credit Value: _____ Max Credit Value: _____

Course Description (attach additional pages if needed):

Requesting School: _____ Date: _____

Name of person submitting form: _____

Questions? Contact: _____

For office use only: SCED Code: _____