Online Course Request



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Student Name:		\			
Student Email:					
Requested Online Provider					
☐ Fulton County Virtual School http://tinyurl.com/FCVS20132014		☐ Georgia Virtual School www.gavirtualschool.org			
Course(s) Being Requested					
Course(s)	Sem 1	Sem 2	# of Credits *Maximum 1.0 Credit per semester		
Course Start Date: **Final Deadline to request cou	rses for su			Student	Parent
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COMPLETE & TURN IN TO COUNSELING OFFICE