



## Success Data or Course Title Change Request

Date of Request:

Check One: ☐ Success Data ☐ Course Title

### 1. Change Requested by (Choose One):

☐ Course Provider

☐ Receiving District

### 2. Requested by:

Organization Name:

Telephone:

Email:

### 3. Student Course Order Information:

Student Name:

Order Number:

School Year:

School Semester:

☐ Fall

☐ Spring

☐ Summer

Funding Type:

☐ Fee Based

☐ VLS

### 4. Success Data Change:

Original Success Data: Updated Success Data:

☐ Pass

☐ Pass

☐ Fail

☐ Fail

☐ Incomplete

☐ Incomplete

☐ Dropped

☐ Dropped

☐ Extended

#### Course Title Change:

Original PEIMS Course Title & Semester

Updated PEIMS Course Title & Semester

### 5. Signatures:

Receiving District Contact Name

Receiving District Contact Signature

Date:

Course Provider Contact Name

Course Provider Contact Signature

Date:

**6. FAX this form to 713-696-3130 after both the course provider and receiving district signatures have been obtained.**

**NOTE: Change requests made after TxVSN statistics are reported to the Texas Education Agency may necessitate approval from the Texas Education Agency.**

#### For TxVSN Use Only

Date Received:

Date Success Data Changed:

Staff Making Change: