



# Request For Change In Academic Program

**Please complete this form in the following order:**

1. Fill in the appropriate boxes below
2. Discuss the changes with parents and get a parent signature
3. Ask the appropriate teachers to sign the form in the designated boxes
4. Turn in the request to the Registrar
5. DO NOT make the program change until the request has been processed and you have received confirmation of approval

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Period	Class to Drop	Teacher's Initial	Period	Class to Drop	Teacher's Initial

Parent Signature: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_ Approved      Date Updated \_\_\_\_\_

\_\_\_\_\_ Not Approved