

Class Change Form:

Your Name: _____ Form: 3rd / 4th / 5th / 6th

Class You Want to Drop: _____

Class You Want to Add: _____

Reason for this Change: _____

Teacher of the Class You're Dropping: _____

That Teacher's Signature: _____

That Teacher's Department Chair: _____

That Department Chair's Signature: _____

Teacher of the Class You're Adding: _____

That Teacher's Signature: _____

Department Chair [if different]: _____

That Department Chair's Signature: _____

Your Advisor: _____

Your Advisor's Signature: _____

Date: _____

Parent / Guardian Approval via: *Student / Advisor / Teacher / Other:*

If "Other," please indicate: _____