



Change of Subject or Class

Name of Student: _____

Tutor Group: _____

NOTE:

- Students must not change classes until approval is granted by either the Career Advisor and the Dean of Studies.
- The student is responsible for getting this form filled in and obtaining the relevant signatures.

FROM: Class or Subject	Teacher and Director of Faculty Signature	YES	NO

TO: Class or Subject	Teacher and Director of Faculty Signature	YES	NO

REASONS: _____

Student Signature: _____ Date ___/___/___

Parent/ Guardian Signature: _____ Date ___/___/___

Approved by Career Advisor

_____ Date ___/___/___

Approved by Dean of Studies

_____ Date ___/___/___

- *The student will not be admitted to the new class until forms have been completed and returned to the Dean of Studies.*

OFFICE USE ONLY:		
Data processing	NSW Board of Studies	School Database