## Request / Authorization for Permanent Change of Class



For Office Use Only

**Instructions:** In order to make a permanent change in your class schedule, this form must be completed. A <u>CHANGE</u> can be adding a class, removing a class, level promotion, or leave of absence \*. Please fill in all of the requested information below, sign, date and turn in the form at the front counter. Check the Roster to see if the change has been approved. Thank You.

Date	Name							
Phone Number	<b>r (</b> In Case there are que						_	
E-Mail (In Case	there are questions)						_	
My current classo		(Please circle	·Υ' c	r 'N'	()			
CLASS	DAY	TIME		_LEVEL	_ CHANGE	Y	N	1
CLASS	DAY	TIME		LEVEL	_ CHANGE	Y	N	1
CLASS	DAY	TIME		_LEVEL	_ CHANGE	Y	N	1
CLASS (BD, Hula, Fus	DAY	TIME		LEVEL	_ CHANGE	Y	N	J
For any class tha	ion) t I have circled '	Y' in the change	field abo	ve, this is what	I want done	<b>:</b>		
CHANGE				(Fields in gray to	be filled in by inst	ructo	r ON	LY!)
to a different DAY	CLASS	DAY	_ TIME_	LEVEL	APPROVE	D	Y	N
ADD same level additional DAY	CLASS	DAY	TIME_	LEVEL _	APPROVI	ED	Y	N
REMOVE* Completely	CLASS	DAY	TIME_	LEVEL	APPROVI	ED	Y	N
Level Promotion	CLASS	DAY	TIME_	LEVEL _	APPROVI	ED	Y	N
Leave of Absence	How long?	Reason?						
	pay' for your classe.		_	o Discontinue Au	tomatic Chargo	? Fo	rm'.	!
Signatures:				Roster Change	d:			
Student Isis				Office Manage	r.			
Other	•			o moo manage				

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Date	Name							
	(In Case there are que						_	
E-Mail (In Case t	here are questions)						_	
My current classes are (please list ALL classes) :					(Please circle	'Y' c	or 'N'	)
CLASS	DAY	TIME		LEVEL	_ CHANGE	Y	N	1
CLASS	DAY	TIME		LEVEL	_ CHANGE	Y	N	1
CLASS	DAY	TIME		LEVEL	_ CHANGE	Y	N	1
CLASS	DAY	TIME		LEVEL	_ CHANGE	Y	N	1
For any class that	I have circled '	O	field abo	*	t I want done be filled in by inst		r ON	LY!)
CHANGE to a different DAY	CLASS	DAY						
ADD same level additional DAY	CLASS	DAY	TIME_	LEVEL	APPROVE	ED	Y	N
REMOVE* Completely	CLASS	DAY	TIME_	LEVEL	APPROVI	ED	Y	N
Level Promotion	CLASS	DAY	TIME_	LEVEL _	APPROVE	ED	Y	N
Leave of Absence*	How long?	Reason?						
* If you have 'auto p	pay' for your classe	s PLEASE fill out o	ı 'Request ı	o Discontinue Au	tomatic Charge	e Fo	rm'.	!
Student				Roster Changed:				
StudentSoroush				Office Manager:				