



OFFICE USE ONLY
DATE OF REQUEST _____
DATE ENTERED _____
ENTERED BY _____
APPROVED BY _____

CLASS CHANGE REQUEST

Changes MUST be made before the 20th of the MONTH to take effect for the FOLLOWING month.

You must complete this form by the 20th of the current month to have your drop effective for the following month and pay a \$5.00 drop fee. Changes to class levels or adding classes can be made in the current month without a fee, but cannot be completed without this form. You may not drop classes and then have it take effect in the current month.

TODAY'S DATE _____

_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
STUDENT NAME: FIRST NAME	LAST NAME	AGE	BIRTHDATE
_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
HOME PHONE	CELL PHONE	EMAIL ADDRESS	

<i>DROP CLASS</i>	<i>DAY & TIME</i>	<i>ADD CLASS</i>	<i>DAY & TIME</i>

REASON FOR DROP/CHANGE:

RESPONSIBLE PARTY SIGNATURE: _____

AMOUNT PAID: _____	PAYMENT METHOD _____	CHECK/RECORD # _____
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