



STUDENT APPLICATION TO CHANGE AN ELECTIVE SUBJECT

YEARS 8, 9 and 10

Students wishing to apply for a change to their elective subject choices must complete the top section of this form and return to the relevant Year Coordinator. Approval is not automatic and will be considered in terms of likely achievement of course outcomes (as required by the NSW Board of Studies), class size limits, impact on classes and rationale for this change.

Date: _____

Student Year: **8** **9** **10**
(Please circle one)

_____ is currently studying the subject
Student Name (in full)

_____ and would like to change to the subject
Subject name

_____.
Subject name

Reason for change *(To be completed by parent/carer)*: _____

Parent/Carer: _____ *(Your signature confirms your support for this change)*

Please attach additional information if required.

After completing this section return this form to your Year Coordinator

COORDINATOR USE

Please sign in the appropriate space to indicate that you have discussed this proposed change with the student. Please direct any concerns to the relevant Year Coordinator.

Current Subject KLA Coordinator: _____

Supported by proposed Subject KLA Coordinator: Yes No _____
KLA Signature

(If NO, KLA Coordinator to discuss with Year Coordinator, and AP if required)

Year Coordinator Final Decision: Approved Declined _____
Year Coordinator Signature

KLA Coordinators formally notified of decision *(by Year Coordinator)*

Please forward this original to the school admin office for processing and filing in the student's records. Processed: