



STUDENT APPLICATION TO CHANGE A COURSE

Years 11 and 12

Students wishing to apply for a change to their course choices **MUST** complete this form.

It is the responsibility of the student to inform their teachers and obtain the required signatures.

Please return this completed form to your Year Coordinator.

Date: _____

Student Year: **11** **12**
(Please circle one)

_____ is currently studying
Student Name (in full)

_____ on Line: _____ and would like to:
Course name

(a) Discontinue this course and reduce their number of units

or

(b) Discontinue this course and change to a new course.

(complete the line below if you have selected this option)

_____ on Line: _____
New course name

NB: TVET courses generally cannot count towards an ATAR

After this course change _____ will / will not be eligible to receive
an ATAR. *(Year Coordinator to confirm)* *Student Name (in full)*

Reason for change: _____

Parent/Carer: _____

Student to take this form to the appropriate KLA coordinator and teachers to support this change.

Current teacher: _____ KLA Coordinator: _____

Proposed teacher & Class#: _____ KLA Coordinator: _____

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

Year Coordinator: _____

Approved Declined KLA Coordinators formally notified *(Year Coordinator)*

This completed original is to be forwarded to the school office for processing and filing in the student's records.

STAFF USE ONLY

Student timetable Processed:

Fees (if applicable) Processed: