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Email: info@EA.edu
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CHANGE OF CLASS REQUEST FORM

Requests must be made and approved during the first week of the course.

Student Number: _____ DATE: _____

Name of the Student: _____

Name of the Teacher if applicable: _____

Current Level (Program): _____ (AM PM E)

Class Start Date: _____

Requested Level (Program): _____ (AM PM E)

Reason for Change:

_____

_____

IMPORTANT NOTES:

You may only change once per session.

The original form will go into the Change of Class Binder and a copy will go into the Student File.

Student 's Signature: _____

FINAL APPROVAL: Director or Curriculum Developer's Signature:

_____