



NIGHT SCHOOL - DROP/CHANGE COURSE REQUEST

Student Name: _____ **Date:** _____
Student email: _____ **Student ID#:** _____

FOR STUDENTS:

1. Courses not officially dropped by the Full Disclosure date *will* show up on the student's transcript.
2. All textbooks and class materials must be returned before a class can be dropped.
3. Your teacher's signature is required to drop a course after the start of the semester.
4. This completed form must be returned to your **to your Teacher** immediately.

FOR TEACHERS:

Please sign this release form when all texts and class materials have been returned.

Course(s) to drop	Course Code	Course Location	Teacher Signature

Course(s) to add	Course Code	Course Location	Teacher Signature

REASON FOR CHANGE(S):

COMMENTS (IF ANY):

I certify that the information given on this form is correct.

Signature of student (if over 18 years of age) or Parent/Guardian if under 18 years of age	Date

Signature of Student Service Designate, Teacher or Site Supervisor	Date