

## ADDITIONAL QUALIFICATION COURSE CHANGE/WITHDRAWAL FORM

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

E-mail: \_\_\_\_\_

Check Session you are currently attending:

- Fall, 20\_\_       Winter, 20\_\_       Spring, 20\_\_       Summer, 20\_\_

### WITHDRAW

Course Code	Course Title	Part (e.g. 1, 2, Specialist)
Student Signature: _____		Date: _____

### ADD

- If you are adding another course to your program, please include the required fee.
- If a course change is requested after the first class, approval is required from the Principal of the new course.

Course Code	Course Title	Part (e.g. 1, 2, Specialist)
Student Signature: _____		Date: _____
Principal's Approval: The above named student has authorization to enroll in the course(s) listed: Name of Course Principal: _____		
Signature of Course Principal: _____		Date: _____

***Submit form by courier to: Margaret Gerry, c/o the Board Office***