

Student:

## Grade: Date:

Westfield Vocational Technical High School Guidance Department
Request for Change of Program

Reason of request:				Class #					Class #	
				SEC.					SEC.	
				Period					Period	
				Course Name					Course Name	
				Teacher	ADD				Teacher	DROP
			,	Teacher Signature					Teacher Signature	
				Teacher Comments					Teacher Comments	

Student Signature:

Parent Signature:

Administrative Signature:

FINAL ACTION:

**Guidance Councelor's Signature:** 

☐ Approve☐ Approve☐

☐ Disapprove☐ Disapprove☐

☐ Approve

☐ Disapprove

**Guidance Comments:** 

Parent Comments: