



CHANGE OF SUBJECTS

Name of Student: _____

Date of Commencement of studies: _____

Class: _____

Part 1 Student's Request	Current Subject Combination	Subject(s) to be dropped/added:
	_____ _____ _____ _____ _____ Student's Signature: _____ Date: _____ Parent /Guardian's Name & Signature: _____ _____ Date: _____	_____ _____ _____ Subject(s) to be changed: From To _____ _____ _____ Total no. of subjects taken: _____

Part 2 Approval Operation and Faculty Protocol	Respective Subject / Care Teacher's Recommendation: _____ (Name &Signature of subject teacher) _____ (Name & Signature of care teacher)
	Respective Divisional Head Informed: _____ (Name & Signature) Divisional Head Recommendation: Approved <input type="checkbox"/> Hold <input type="checkbox"/> Rejected <input type="checkbox"/>

Part 3 Check off	Student's request completed with effect from _____ GO (SMS) : _____ (Signature)
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- ❖ Must be accompanied by an approval letter from parent / guardian
- ❖ Must be approved by Divisional Head