



IMPORTANT NOTE:

1. Cut off for change of subject is end of the 1st term for Secondary 3 and Secondary 4 level and approval is on case by case basis.
2. Request for dropping/adding subject will be considered only after Mid-Year Examination.
3. Student must meet the minimum number of subjects stipulated by relevant course.
4. **Please attach approval letter (email) from parent to support the application.**

CHANGE OF SUBJECT APPLICATION FORM

SECTION A: REQUEST OF CHANGE OF SUBJECT

Name of Student		Current Class		
Current Subject Combination	(1)	(2)		
	(3)	(4)		
	(5)	(6)		
	(7)	(8)		
Details of Change of Subject <i>(Please tick the appropriate item)</i>	<input type="checkbox"/> Drop Subject	(1)	(2)	
	<input type="checkbox"/> Add Subject	(1)	(2)	
	<input type="checkbox"/> Change Subject	(1) From		To
		(2) From		To
		(3) From		To
Total no. of subjects taken after changes		<input style="width: 50px; height: 20px;" type="text"/>		
Signature of Student			Name and Signature of Parent/Guardian	
Date			Date	

SECTION B: FOR OFFICIAL USE ONLY

Recommendations From Subject Teachers

(A) Subject to be dropped	(1)	(2)
Name of Subject Teacher		
Last Test/Exam Results		
Recommendation	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended
Comments <i>(If Any)</i>		
Signature of Subject Teacher / Date		

(B) New Subject to be changed/added	(1)	(2)	
Name of Subject Teacher			
Last Test/Exam Results/Prior Knowledge			
Recommendation	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
Comments <i>(If Any)</i>			
Signature of Subject Teacher			
Recommended by Academic Head			
Name and Signature of Academic Head <i>(more than one signature where applicable)</i>		Date	
Comments <i>(If Any)</i>			
Recommended by Division Head			
Name and Signature of Division Head		Date	
Comments <i>(If Any)</i>			
Approval by Vice Principal (Academic)			
Recommendation	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Comments <i>(If Any)</i>			
Signature of Vice Principal (Academic)		Date	
Office Use			
Handled by		Date of Receive	
Actions Taken	<input type="checkbox"/> Student's Academic Information updated in SB <input type="checkbox"/> Communicated to Care Teacher/Coordinator/DH/Student/Parent/Guardian		