

**IMPORTANT NOTE:**

1. Cut off for change of subject is end of the 1<sup>st</sup> 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 type="text"/>	
Signature of Student		Name and Signature of Parent/Guardian		
Date		Date		
SECTION B: FOR OFFICIAL USE ONLY				
Recommendations From Subject Teachers				
<b>(A) Subject to be dropped</b>	<b>(1)</b>	<b>(2)</b>		
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>(B) New Subject to be changed/added</b>	<b>(1)</b>	<b>(2)</b>	
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 (If Any)			
Signature of Subject Teacher			
<b>Recommended by Academic Head</b>			
Name and Signature of Academic Head ( <i>more than one signature where applicable</i> )		Date	
Comments (If Any)			
<b>Recommended by VP Academic</b>			
Name and Signature of VP Academic		Date	
Comments (If Any)			
<b>Approval by Principal</b>			
Recommendation	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
Comments (If Any)			
Signature of Vice Principal (Academic)		Date	
<b>Office Use</b>			
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		