

St. Tammany Parish School Board

REQUEST FOR COURSE CHANGE FORM

To be completed by applicant: (Print or Type)

_____ SEMESTER _____ NAME OF COLLEGE/UNIVERSITY _____
Semester *Year*

Name _____
 Last First Middle/Maiden Social Security Number

_____ () _____
 Home Address Home Telephone Number

_____ Student ID Number
 City, State, and Zip Code

_____ () _____
 School School Telephone Number

Course(s) Approved: The Department, Computer Course #, and Course Title must be submitted by applicant.

DEPARTMENT	COURSE #	COURSE TITLE
_____	_____	_____
_____	_____	_____

Course(s) change requested:

DEPARTMENT (COURSE #)	COURSE #	COURSE TITLE	IN PLACE OF
_____	_____	_____	_____
_____	_____	_____	_____

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
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Applicant's Signature	Date	Supervisor's Signature	Date
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