



St Vincent's College
Potts Point

Change of Course of Study

Student Name: _____ Year: _____

Student number: _____ NESA number: _____

Current Subjects	Units

I WISH TO:

Change from one subject to another

Withdraw from a subject

Add a course

Which course/s:

1. Dean: Dean Comments *(please indicate if this change is appropriate)*

I recommend you see the Careers Adviser

Dean Signature: _____ Date: _____

2. WITHDRAWING from: _____

Current Head of Department (HOD) to Complete:

HOD Signature: _____ Date: _____

3. CHANGING TO or ADDING: _____

New Head of Department To complete:

HOD Signature: _____ **Date:** _____

4. Parent Acknowledgement

I _____ have discussed the above change of course with my daughter and read the comments from the Dean and Head of Department. I agree with the recommendations.

Parent Comment:

Parent Signature: _____ **Date:** _____

Student Signature: _____ **Date:** _____

When steps 1-4 are complete, please submit this form to The Dean of Studies

5. Dean of Studies

Approved / Not Approved

Dean of Studies Signature: _____ **Date:** _____

Office use only

UPDATED	DATE
HODs and teachers	
Edumate	
Student option file	
NESA	