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| CLASS CHANGE REQUEST | | | | | | | |
|  |  |  |  |  |  |  |  |
| Class Changes requests are accepted the first two weeks of each semester. | | | | | | | |
| Please print and give to a member of the co-op committee or email it to | | | | | | | |
| [neachecoop@gmail.com](mailto:neachecoop@gmail.com) | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Student's Name: |  |  |  |  |  | Grade: |  |
|  |  |  |  |  |  |  |  |
| Class(es) requested to be dropped from and hour (check one): | | | | | | |  |
| Hour ( 1  2  3 ) |  |  |  |  |  |  |  |
| Hour ( 1 2  3 ) |  |  |  |  |  |  |  |
| Hour ( 1  2  3 ) |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Class(es) requested to be added to and hour (check one): | | | | | |  |  |
| Hour ( 1  2  3 ) |  |  |  |  |  |  |  |
| Hour ( 1  2  3 ) |  |  |  |  |  |  |  |
| Hour ( 1  2  3 ) |  |  |  |  |  |  |  |