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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 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| 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 [ ] ) |   |   |   |   |   |   |   |