



**2011 MBAF Summer School Program
Course Change Form**

Date:_____

Student Name:_____

Student Number:_____

Course Currently Registered For:

One Semester Course_____

PhysEd/Activity_____

Course Change Requested To:

One Semester Course_____

PhysEd/Activity_____

Note: There is a \$25.00 fee for each change.

Parent Signature_____

If change is requested after first day of class, the instructor of the dropped class must sign below.

Dropped Class Instructor Signature_____

Contact information: Fax to 310.379.4523 or email to kathy@wvcpas.com