

# 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
_____	_____	_____	_____
_____	_____	_____	_____

<b>Approved</b> <input type="checkbox"/>	<b>Denied</b> <input type="checkbox"/>
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Applicant's Signature	Date	Agency Administrator's Signature	Date
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