

DP GROUP / LEVEL / COURSE CHANGE FORM

Student's full name: Class:

I wish to request permission to change a group / level / subject¹

From:		To:	
Subject, level		Subject, level	
Teacher		Teacher	
Group (day, lesson's number)		Group (day, lesson's number)	

Does this change require other changes in your schedule? Yes ☐ No ☐

If yes, describe them:

1)

From:		To:	
Subject, level		Subject, level	
Teacher		Teacher	
Group (day, lesson's number)		Group (day, lesson's number)	

2)

From:		To:	
Subject, level		Subject, level	
Teacher		Teacher	
Group (day, lesson's number)		Group (day, lesson's number)	

I agree to the change of subject/level. / Wyrażam zgodę na zmianę przedmiotu / poziomu.

Parent's signature / Podpis rodzica: _____

I hereby grant / deny permission to change the requested group / level / subject.

IB-DP coordinator: _____

This form is to be kept by the DP coordinator.

¹ Circle as appropriate.