



ENGLISH LANGUAGE INSTITUTE

CHANGE OF CLASS REQUEST FORM

(To be completed after attending 2 classes)

Name: _____ **Date:** _____

Current Class: _____ Teacher: _____

Requested Class: _____ Teacher: _____

I have spoken with my current teacher? Yes / No (circle one)

Reason for Change (To be filled out by student): _____

Current Teacher's Signature: _____

Teacher's Comments: _____

Dear Faculty:

The above student **is approved to join** the following class(es):

Administrator

The above student **must stay** in following class(es):

Administrator