



Please Note: If "Effective Date" is not noted, changes will take effect on the 1st of the following month

Date: _____

Student Name: _____

Class 1: _____ DROP ADD Effective Date: _____

Class 2: _____ DROP ADD Effective Date: _____

Class 3: _____ DROP ADD Effective Date: _____

Class 4: _____ DROP ADD Effective Date: _____

Additional Notes (If dropping a class(es) please explain):

Office Use Only

Adjusted In Studio Director By: _____ Date: _____

Any Follow-Up Required? _____



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