ull Legal Na	me:				FTCC ID:		Birthdate:	
Address: Current High School:				Email: Telephone:		Primary I	Primary Pathway	
	Drop			Ado	1	i i i i i i i i i i i i i i i i i i i	atimay	
Term	Course	Term	Course	Meeting Times/Days	Term	Course	Meeting Times/Days	
				igning below, I understan	1.1			
	•		empletion of a Progr	10% point are withdrawals. Couram Change Form and the appro e will notify the high school of the	oval of FTCC's C	hief Academic Officer/C	eting day. Courses requested from out hief Student Administrator.	
Student Signature:			Date	Special Instruction	S			
Parent/Guardian Signature:			Date	& Notes:				
High School Principal or Designee Signature:		Date	:					
				FOR OFFICE USE ONLY	,			
		1						
Approved/Denied/Other				Reasoning if not approved				
		demic Program	l l		hool Connect			