



MAGDALENE CATHOLIC COLLEGE

“Because I have Seen the Lord”

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APPLICATION FOR CHANGE OF STUDY PATTERN FOR STAGE 5 (Year 9 & 10)

Please ensure this form is accurately completed and signed before you submit it.
Please return to the KLA Coordinator.

Name: _____ **H/R:** _____ **Date:** _____

I would like to make the following changes to my Pattern of Study because:

Specific Change will be from:

Subject	Class	Teacher	KLA Approved-signed by Coordinator

To:

Subject	Class	Teacher	KLA Approved-signed by Coordinator

Your request has been:

Approved: You can commence the new timetable when your online timetable is updated. It is very important that you are present in all your classes until that time.

Declined: Reason: _____

Curriculum Coordinator: _____ **Date:** _____

Office use only do not complete:

	Actioned By:	Date
EDVAL		
SAS		
NESA		
Student File		
Copy to Finance		