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Myron B. Thompson Academy 1040 Richards St., Ste # 220 Honolulu, Hawaii 96813 (808) 441-8000 (808) 683-7062 FAX www.ethompson.org

Registrar's Office

PROGRAM CHANGE FORM

PROCEDURE:

- 1. The parent/guardian must submit the program change request to his/her child's counselor by the deadlines listed below. A signature by the parent/guardian is required.
- 2. The counselor will check the student's schedule and transcripts before signing the program change form.
- 3. Schedule changes will be made by the Registrar's Office.
- 4. Program changes must have the appropriate signatures before program changes are made.
- 5. This form will not be accepted from a student without a proper signature.

Name of Stud	lent:			Grade Lev	rel:
Program chai	nge form must be submi	tted by the follow	ring dates:		
Quarter 1: Quarter 2: Quarter 3: Quarter 4:	August 7, 2020 Semester 1: August 7, 2020 October 16, 2020 January 8, 2021 Semester 2: January 8, 2021 March 25, 2021 Semester 2: January 8, 2021				
Dropping:	following changes for m	Term:	Dropping:		Term:
Adding:		Term:	Adding:		Term:
credit defic misplaceme teacher's d administrat Parent Signat **Students en	ent in grade level ecision tive decision ture: <i>rolling after initial start</i>	summer s counselor doctor's	ment in ability level school attendance c's decision waiver	Other: Date:	
Signature of (Counselor:			Date:	
The Principal			e. Date:	COMPLETED EMAILED POWERSCH CANVAS	TYPING WEBMAIL MSCORE