Logo, company name

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PROGRAM AREA CHANGE REQUEST FORM

**INSTRUCTIONS**

Complete this form if your child is requesting to move from one program area to another.

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| **STUDENT INFORMATION** | | | |
| Student’s Legal Name | | | Current Grade Level |
| Parent E-mail | | Parent’s Phone Number  ( ) - | |
| **WTCC PROGRAM AREA** | | | |
| Current Program Area | Requested Program Area | | |
| **PARENT/LEGAL GUARDIAN WRITTEN REQUEST** | | | |

By signing below, I am requesting a seat in a program area other than the program to which my student was assigned upon acceptance to Wake Early College of Information and Biotechnologies.

* I understand that all program area change requests are subject to availability, and a waitlist system may be used if a program is full.
* I understand that my student will remain in his/her current program area until otherwise notified.
* I understand that, if accepted into my requested program area, I forfeit the seat in my original program area. If I am no longer interested in changing program areas, then I will notify the WECIB Student Services Department in writing as soon as possible.
* I understand that enrollment in any program area is a privilege, and all students must meet academic and behavioral expectations for enrollment. Students who are not recommended for enrollment in WTCC program area courses should consider a change of school to take advantage of opportunities available at other WCPSS high schools.
* I understand that WTCC may adjust academic requirements for any program area without advanced notification. Students no longer eligible for their current program area will receive guidance in selecting a new program area (subject to availability).

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| --- | --- | --- |
| Signature of Parent/Legal Guardian | | Date (mm/dd/yyyy) |
| **INTERNAL USE** | | |
| Approved | Denied | Comments |
| Signature of Counselor or Principal | | Date (mm/dd/yyyy) |

Revised Nov. 2020