

CHAFFEY COLLEGE ADMISSIONS AND RECORDS OFFICE

APPROVAL FOR CHANGE OF RECOMMENDED COURSES

Term/Year: Summer Fall Spring 20_____

Student Name: _____ Chaffey ID Number: _____

HIGH SCHOOL PRINCIPAL'S RECOMMENDATION AND CERTIFICATION

All information must be completed by the Principal or Designee before Chaffey College can accept this form. *Incomplete forms will cause delays in processing.*

This student has permission to take one or more of the following courses in addition to, or in place of, courses previously approved. The student understands that only a maximum of 8.0 units is allowed.

COURSE TITLE	COURSE NUMBER	NUMBER OF UNITS

Print Name of Principal or Designee _____ Signature of Principal or Designee _____ Date _____
High School Name _____ City and State _____ () - _____
Area Code Telephone Number

(Rev. 02/07/07)