

YEAR 12 APPLICATION TO COMPLETE A REDUCED PROGRAM



NAME _____ LEARNING MENTOR _____

CURRENT SUBJECTS (Highlight/circle the subject you wish to discontinue)

PREVIOUS UNIT 3 & 4 SUBJECTS

YEAR	SUBJECT	RESULT

Explain why you want to complete a reduced program. Include supporting documentation (e.g. documented medical history)

MIPS CONSULTATION

You must organise a meeting with one of the MIPS staff to discuss your proposal and how this fits with your MIPS Plan. MIPS will outline the outcome of the discussion below.

MIPs Signature _____

TEAM LEADER MEETING

You must meet with your Team Leader to discuss your proposal.

Team Leader's Signature _____

PARENT/GUARDIAN CONSENT

I understand the implications and support the decision and strategies that will be implemented. I understand that changing during the semester may result in an "N"

Signed _____

Return this form to the Assistant Principal of the Senior School for final approval.

This request is/is not approved. Signed _____

