



Inappropriate Course Selection Form

If a student does not receive a recommendation for a chosen subject that they still wish to undertake they must complete the section below. Please attach this form to the **Subject Selection Planning Form** and submit to the VCE coordinator by Monday 14th August.

NAME: _____ **2018** **Year 11** **Year 12**

To be completed by parent/guardian:

I acknowledge that I have been informed that my child has been recommended to not attempt the following subject in 2017 for the following reason (s):

Subject:

- Lack of recommended prior learning
- Performance in this subject area to date
- Other:

However, I wish him/her to attempt the course and units named above because:

- It is necessary for future career options
- It is necessary for tertiary entrance
- Other:

Given the above, I understand that my child will need to work diligently throughout the course. I am also aware that if my child wishes to change from this course, this must be done by **Friday 16th February 2018**. Withdrawal after this date may result in an 'N' (Not Satisfactory) being recorded for the unit. Students changing subjects in 2018 may have to change a number of classes to accommodate timetabling constraints once the academic year has commenced.

Parent signature: _____ Date: / /

To be completed by student:

I understand that:

- My present background knowledge for this course is limited
- I will need to put in extra time in this course to meet the requirements
- My grades in other courses may be adversely affected
- If I decide to withdraw from the subject I will contact my Year Level Coordinator as soon as possible (preferably before the Friday 16th February, 2018)
- I understand changing my subjects at the start of the year may require further subject changes to accommodate the request
- I will undertake the following preparation **before** the commencement of Year 11:

Student signature: _____ Date: / /

Year Level Coordinator signature: _____ Date: / /

Approval Granted by the Director of Studies Yes No

Director of Studies _____ Date: / /

Office Use ONLY **Date Received** / /