



## CHANGE IN ATTENDANCE REQUEST

This form must be completed, signed, dated and submitted to the UCLC office a minimum of one (1) month before the requested change is to take place.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian UND ID Number: \_\_\_\_\_

I am: \_\_\_\_ UND Student; \_\_\_\_ UND Faculty/Staff; \_\_\_\_ Community Member

Child's Name: \_\_\_\_\_

My child's **current** schedule is:

\_\_\_\_ Monday – Friday

\_\_\_\_ Monday/Wednesday/Friday

\_\_\_\_ Tuesday/Thursday

I would like to **request** the following schedule:

\_\_\_\_ Monday – Friday

\_\_\_\_ Monday/Wednesday/Friday

\_\_\_\_ Tuesday/Thursday

Date I am requesting this change to be effective: \_\_\_\_\_

I understand that this schedule is not effective until approved by the director, assistant director, or administrative assistant at which time I will be given a new contract reflecting the new schedule and tuition due.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

For Office Use Only:

\_\_\_\_ Approved; \_\_\_\_\_ Date effective; \_\_\_\_ Not Approved:

New Contract Given: \_\_\_\_\_ Received: \_\_\_\_\_

BSC Notified on: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date