

**HFM BOCES Career and Technical Center**

2755 State Hwy #67, Johnstown, N.Y. 12095

518-736-4681 Fax: 518-736-4331

**ADD/DROP FORM  
2009-2010 SCHOOL YEAR**

**Student Information:**

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

School District: \_\_\_\_\_

Current CTC Program: \_\_\_\_\_ AM OR PM (Circle One)

**Requested Program Change:** We may not have the ability to accommodate all requests. Requests for add/drop should not be considered completed until you receive confirmation that change has been made. (*Please see reverse side of this form for specific requests.*)

➤ **ADD**

Program: \_\_\_\_\_ AM OR PM (Circle One)

➤ **DROP**

Program: \_\_\_\_\_ AM OR PM (Circle One)

Student's statement of reason for Add/Drop: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature Date

Counselor Comments: (If different from student) \_\_\_\_\_

\_\_\_\_\_  
Counselor's Signature Date

**To Be Completed by CTC Staff:**

Program Add: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Program Drop: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Approved By: \_\_\_\_\_

Please check all that apply which best describes what this student needs:

Course	Class Credit	Needs Regents Exam	Passed Regents Exam	Repeating Class		AIS	Regent's Review
				Class Credit	Seat Time Half Year(h) or Full Year(f)		
Applied Math							
Math A							
Math B (year 1)							
Math B (year 2)							
Other: _____							
Anatomy & Physiology							
Biology (w/o Lab)							
Chemistry (w/o Lab)							
Forensic Science							
Other: _____							
English 9							
English 10							
English 11							
English 12							
Other : _____							
Global 9							
Global 10							
US History 11							
Part in Gov't 12							
Economics 12							
Other : _____							
Art							
Health							
Parenting							
Physical Education							
Other : _____							

Please describe below any unique circumstances which do not fit any of the above categories:

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