



# Lopez Studios Inc.

## Schedule Change Request Form

Student: \_\_\_\_\_ Instructor \_\_\_\_\_

### Current Information

Current Instructor	
Current Lesson Time	
Current Lesson Day	

### Requested Change

Lesson Day Requested	
Lesson Time Requested	
Instructor Requested	
Reason For Request	

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**This form must be completed and signed before a schedule change is confirmed.  
Please return to the Admissions office!**