

Director: Assessment and Examinations
Eastern Cape Department of Education

APPLICATION FOR A CHANGE OF SUBJECT IN GRADE 12 : 2018

SURNAME OF LEARNER: _____

NAME(S): _____

ID NUMBER: _____

SUBJECT CHANGE :

FROM: _____ TO: _____

MOTIVATION BY PARENT/GUARDIAN:

PARENT NAME (PRINT): _____

CONTACT NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____