



**Department of  
Education**

*Dennis M. Walcott, Chancellor*

**"47" The American Sign Language & English Secondary School**

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Watfa Shama, Principal

**Student Request for Program Change**

Student name \_\_\_\_\_ Date \_\_\_\_\_

OSIS number \_\_\_\_\_ Official Class \_\_\_\_\_

Course Code	Section	Reasons

\_\_\_\_\_  
Student Signature

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

\_\_\_\_\_  
AP Signature

\_\_\_\_\_  
Approved/Disapproved