

Planned program of study:

Current year:
List subject/courses and levels and clearly identify any being accelerated.

Calendar year	Study Year	Course	Course level

Future years:
List subject/courses and levels and clearly identify any being accelerated.

Calendar year	Study Year	Course	Course level

Reasons for acceleration currently proposed:

Principal's recommendation:

_____ / ____ / ____
Principal's name Principal's signature Date

Please email completed form to: records@nesa.nsw.edu.au