

## Portfolio Presentation Cancelation/Reschedule Form

Name of student \_\_\_\_\_

Grade level \_\_\_\_\_ Advisor \_\_\_\_\_

Original Portfolio Date/Time: \_\_\_\_\_

**Reason for Cancellation:**

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**Attach document verifying reason for change. Without proper documentation, your request will be denied.**

**Signature of Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Do not write below the line.

- Request Approved
- Request NOT approved

Portfolio Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

New Scheduled Date/Time: \_\_\_\_\_