

## COURSE CHANGE APPLICATION

*Course changes will only be considered for educational/academic reasons.*

STUDENT NAME: \_\_\_\_\_

STUDENT CONTACT NUMBER: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_

COUNSELLOR:  Mr. Sallos (gr. 7-9, A-L)  Ms. Hancock (gr. 7-9, M-Z)  Ms. Schramm (gr. 10-12)

What course do you wish to drop? \_\_\_\_\_

What course do you wish instead? Please give more than one option as the one requested might not be available. \_\_\_\_\_

\_\_\_\_\_

Please explain the academic/educational reason for requesting course change:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

Parent contact #: \_\_\_\_\_

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

**\*\*Please note:**

***The reason for change and parent signature must be completed for the change to be considered. At the secondary level, you will be contacted within a school day of submitting this form. All grades, follow your current timetable until your counsellor sees you.***

Please feel free to call the school if you require any further information.  
604-847-0772

**COMPLETE THIS FORM AND RETURN IT TO THE OFFICE  
THERE WILL BE NO STUDENT REQUESTED COURSE CHANGES  
AFTER Friday, September 9<sup>th</sup>.**