

REQUEST FOR CHANGE OF STUDENT SCHEDULE 2017-2018

Complete this form and fax or drop off to the Claremont Office. Fax: 250-658-5387

*****PLEASE DO NOT EMAIL COUNSELLORS TO REQUEST COURSE CHANGES*****

Student Name: _____ Present Grade: _____ Student # _____

Student Email: _____ Student Cell # _____

***PLEASE NOTE: Only one (1) change form will be accepted per student.** Changes may not be possible if classes are full or no longer offered. Students will receive a new timetable if changes are made. A counsellor will contact you if a discussion is required regarding the timetable.

ADD to schedule	Course Name	Grade Level (ie: Grade 10)
	_____	_____
	_____	_____
	_____	_____

DELETE from schedule	Course Name	Grade Level (ie: Grade 10)
	_____	_____
	_____	_____
	_____	_____

REASON FOR REQUEST appropriate box:

1. Course required for graduation
2. Do not have pre requisite for scheduled course
3. Completed course requirements at summer school
4. Course requested but not included in my schedule
5. Request that courses be balanced between semesters
6. This was not an original request but I would like to add it now if possible
7. Other: Please be specific (use back of sheet if necessary)

I am aware that in making these change requests, other changes in the student's schedule may need to be made to accommodate this request.

Parent/Guardian Signature: _____ Date: _____

Action taken by Counsellor: _____

Signature: _____ Date: _____