

# REQUEST FOR CHANGE OF STUDENT SCHEDULE 2016-2017

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 address: \_\_\_\_\_

**\*PLEASE NOTE:** If you are requesting to change more than one course, or you need more space for an explanation, **please write on the back of this sheet. Counsellor will contact you if required.**

**\*\*\*\* Only 1 change form can be submitted per student. \*\*\*\***

**ADD** to schedule

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Name

Course Number

To facilitate added course(s), list the course(s) you are prepared to drop. Please list in order of preference.

**DROP** from schedule

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Name

Course Number

**DELETE** from schedule

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Course Name

Course Number

**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: \_\_\_\_\_