

REQUEST FOR CHANGE OF STUDENT SCHEDULE 2015 - 2016

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 #: _____

*** REQUIRED CONTACT INFORMATION:**

* Student Cell #: _____ Student Email: _____

* Parent Day Time #: (Cell) _____ (Work) _____ (Home) _____

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.**

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 MUST BE PROVIDED** 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 the change requests, other changes in the student's schedule may need to be made to accommodate the request.

* **Parent/Guardian Signature:** _____ **Date:** _____

-----For Office Use Only-----

Action taken: _____
Counsellor Signature: _____ Date: _____

