



YORK CATHOLIC DISTRICT SCHOOL BOARD
Father Bressani C.H.S.
Request for Course Change Form
PROCEDURE:

Fully complete this form and return it (with all required signatures) to the Guidance office.

LAST NAME: _____	FIRST NAME: _____
GRADE: _____	STUDENT ID: _____
	HOME TEL #: _____

I would like to request the following changes (IF AVAILABLE): Course only: Whole schedule:

DROP COURSE (Course Code)	ADD COURSE (Course Code)

PLEASE CHECK THE REASON FOR REQUEST FOR COURSE CHANGE:	
Earned a course credit in summer/night school	Prefer to balance the semester load of difficult courses (if possible)
Need to add a failed compulsory course	Change in stream required for a post-secondary program
Lack of prerequisite for a course scheduled	Prefer a spare. Grade 12 ONLY Total grade 12 credits
Two spares scheduled in one semester	Spare scheduled where there should be a class (Grades 9, 10, 11)
Other: _____	

PLEASE NOTE: It is not always possible to approve request changes. Students must follow their original timetable until changes have been approved and a new timetable issued. Changes will be made into the most appropriate class available. Changes will not be made to adjust for individual choices of teachers or subject periods.

Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____

SUBJECT TEACHER'S COMMENTS: (where applicable) <input type="checkbox"/> Textbook returned	
**Please record attendance until you receive an official drop notice.	
Current Mark: _____	
Teacher's Signature: _____	Date: _____

FOR E-Learning courses ONLY: Home School Guidance Office to forward this form to E-L Coordinator for completion	
Last Participation Date: _____	Course Drop Date: _____
E-Learning Coordinator Signature: _____	Date: _____
E-L Coordinator to return signed and dated form to Home School Guidance Office to enter course drop date in Maplewood	

FOR OFFICE USE ONLY:	
Counsellor's Comments: _____	
Counsellor's Signature: _____	Course Effective Change Date: _____