

COURSE CHANGE REQUEST

Schedule of courses is on the reverse.

Submit request to your counsellor.

First-quarter course changes must be in by **September 9**;
Second, third, and fourth quarter course changes must be in one week prior to the beginning of that quarter.

Student _____ Grade _____ Date _____

		DROP		ADD
		COURSE		COURSE
Q 1	1		1	
	2		2	
Q 2	1		1	
	2		2	
Q 3	1		1	
	2		2	
Q 4	1		1	
	2		2	

Students with last names A-K, email to Mrs. Mulder: Rachel.Mulder@cmsd.bc.ca

Students with last names L-Z, email to Mrs. Chant: Patsy.Chant@cmsd.bc.ca

Comments _____

FOR OFFICE USE ONLY

Date request received _____

Date schedule amended _____

Counsellor _____