

COURSE CHANGE REQUEST

Schedule of courses is on the reverse.

Submit request to your counsellor.

First-Quarter changes are due **Wednesday, September 9.**

Second-Quarter changes are due **Friday, November 6.**

Third-Quarter changes are due **Friday, January 22.**

Fourth-Quarter changes are due **Friday, April 9.**

Full-Year changes are due **Friday, October 2.**

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 _____