

REQUEST FOR TIMETABLE CHANGE

THERE IS NO GUARANTEE THE CHANGE CAN OR WILL BE ACCOMMODATED.
COURSES CAN NOT BE OVERLOADED.

Counsellor: _____

Date: _____

School Year: _____

Student Name: _____

(last name)

(first name)

Phone: _____	Grade: _____
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CURRENT SCHEDULE

	Semester 1	Semester 2
Period 1/Block A		
Period 2/Block B		
Period 3/Block C		
Period 4/Block D		

REQUESTED CHANGES

Please DROP these courses:	Please ADD these courses:
•	•
•	•
•	•
•	•

REASONS FOR REQUESTING THE ABOVE CHANGE(S): (USE BACK OF FORM IF NECESSARY)

- | | |
|--|---|
| <input type="checkbox"/> I have an incomplete schedule.
<input type="checkbox"/> I have already passed a course on my schedule.
<input type="checkbox"/> I have failed a course and need to repeat.
<input type="checkbox"/> Other: (use back of form if necessary) | <input type="checkbox"/> My semesters are unbalanced.
<input type="checkbox"/> I need a course for graduation.
<input type="checkbox"/> I need a course for post-secondary. |
|--|---|

I understand that in order for the requested change(s) to be made, other courses may need to be moved. I am willing to have other classes moved in order to accommodate my requested changes.

- Yes No

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

To be completed by Counsellor	
Action taken:	
<input type="checkbox"/> All changes made	<input type="checkbox"/> Some changes made
<input type="checkbox"/> Changes not made OR not possible	
Comments:	
Counsellor Signature: _____	Date: _____

