

COURSE CHANGE REQUEST FORM

George McDougall High School

Date: _____

SEMESTER : 1 2

Student: _____ Grade: _____

Type of Course(circle): Core CTS Option

Transfer of Withdrawn Made (Course and Block): _____

From: _____ To: _____

Comments: _____

PLEASE READ THE FOLLOWING CAREFULLY:

1. **The Principal (or Grade Level Administrator) will determine the feasibility prior to the other required signatures.** If denied, no other signatures are required.
2. All signatures must be filled in before the student will be removed from the class. Verbal confirmation of parent/guardian approval via telephone is acceptable.
3. Textbooks must be returned to the Main Office.
4. Failure to complete all parts of the form will mean that the student will be considered enrolled in the course and will receive a final mark.
5. Principal sign off.

Student's Reason for course change or withdrawal request:

Student Signature _____

Date: _____

STEP 1:

Administration's Interview:

- May proceed through process.
- Not recommended

Administrator's Signature: _____

Date: _____

STUDENTS ARE EXPECTED TO ATTEND CLASSES UNTIL THE FORM HAS BEEN PROCESSED BY THE ADMINISTRATION

STEP 2:

Counsellor's Recommendation and Comments:

Counsellor's Signature: _____

Date: _____

STEP 3:

Parent/Guardian Approval: **YES**, I support the change **NO**, I do not support this change

Comments: _____

Parent/Guardian Signature: _____

Date: _____

Name of Textbook: _____ Textbooks Return Date: _____

Textbook Returned to (signature): _____

Fees /Adjusted: _____

Business Manager: _____

STEP 4:

- Approved
- Denied

Principal Signature: _____

CHANGES WILL NOT BE MADE UNTIL THIS FORM IS SIGNED BY ALL PARTIES AND RETURNED TO THE MAIN OFFICE.

Date: _____

Signature: _____