



WCI COURSE CHANGE REQUEST FORM

Semester 1 - September 2019 (FIRST WEEK ONLY)

Last Name: _____ **First Name:** _____
Student # _____ **Request Date:** _____ **Counsellor:** _____

Course change requests will ONLY be processed using this form. NO APPOINTMENTS are available. Guidance Counsellors will meet with student if needed to discuss course changes. Course change requests will be processed on a 'first come, first serve' basis by submitting this form to the Guidance Department. **Please note that Semester ONE "Course Change Request Forms (First Week Only)" are due in Guidance by 2:25 P.M. on Friday, September 6th, 2019.**

STUDENT MUST CONTINUE TO ATTEND SCHEDULED CLASSES. IF a course change request can be made, students will receive an updated timetable in their homeroom classes **or will be called to the Guidance Office to pick-up an updated timetable.**

NOTE: Students who are absent from a requested dropped course before the Counsellor provides a new timetable are considered **truant**. A request does not mean the course is dropped. The request form must be returned with all signature(s) to complete the course change. **Course change requests at this time of year are difficult to accommodate due to classes already being full.**

COURSE CHANGE REQUESTS: Please list the course(s) you would like to **ADD** and **DROP** below:

COURSE(S) YOU WOULD LIKE TO ADD			COURSE(S) YOU WOULD TO DROP	
Course Name (to Add)	Course Code	Reason for change	Course Name (to Drop)	Course Code
1.			1.	
2.			2.	
3.			3.	

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. Are you willing to have your entire timetable rearranged? Yes* / No
If you answer 'yes' it means that your other classes could change to accommodate your course change request. Subsequent changes to revert back to your original schedule may **NOT be accommodated.*

2. Will the change result in a course load of less than 3 courses this semester? Yes** / No
****If yes, student will require Principal approval for part-time status (must be 18 & have earned 30 credits).**

Please complete the form on the reverse side.



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Student Signature: _____

Parent Signature: _____

Counsellor Signature: _____

GUIDANCE DEPARTMENT USE ONLY.

COURSE CHANGE REQUEST(S):

- Yes - able to accommodate and updated timetable distributed
- Not able to accommodate due to full course(s)
- Not able to accommodate without rearranging timetable
- Meeting with students needed
- Waitlisted for: _____

NOTES:

Date: _____ Entered by: _____