MONSIGNOR DOYLE CATHOLIC SECONDARY SCHOOL

REQUEST FOR COURSE CHANGE

- ★ Requests for E-learning and co-op courses will not be considered during the school year due to lack of availability. E-learning and co-op courses should be requested at course selection time.
- ★ Students must **ATTEND CURRENT CLASSES** until guidance CONTACTS you.
- ★ Completion of the form **DOES NOT** guarantee a change can be made.

Name: _____ Grade: _____ Date: _____

GUIDANCE COUNSELLOR: (Please Check)

☐ **T.Schade.....A-F** ☐ **C. Fritz.....N-P**

☐ **C.Marschall.....G-M** ☐ **K. Myers.....Q-Z**

COURSE(S) YOU'D LIKE TO REMOVE		COURSE(S) YOU'D LIKE TO ADD		(filled in by Guidance)
Course Code (If you know)	Course Name	Course Code (If you know)	Course Name	WAITLIST:

- Teacher requests and requests to be in classes with friends **CANNOT** be accommodated.
- Form must be **SIGNED BY YOUR PARENT/GUARDIAN** to meet with Guidance.

REASON FOR REQUEST

Please check at least ONE of the following:

❒ I do not have the required number of courses (8 courses for grades 9, 10 & 11).

❒ I have not completed the required prerequisite for one of my courses.

❒ Change Level (academic, applied, university, college, university/college, workplace).

❒ Grade 12 and do not have enough credits to graduate (30 credits).

❒ OTHER _____

COMMENTS: _____

_____

❒ Does your course change request impact your Specialist High Skills Major? **www.highskills.ca**

_____ Parent/Guardian Signature
(I have discussed these changes with my son/daughter and give my approval)

_____ Student Signature
(I have checked that I have all of my compulsory credits & pre-requisite courses)

❒ **Resolved** Date: _____ Guidance Signature_____

Guidance Notes:

_____