



# St. Thomas Aquinas Secondary School

25 CORPORATION DRIVE, BRAMPTON, ONTARIO L6S 6A2

TELEPHONE: (905) 791-1195 FAX: (905) 793-4665

## REQUEST FOR TIMETABLE CHANGE

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

1<sup>st</sup> PERIOD TEACHER: \_\_\_\_\_

\*\*REGIONAL ARTS STUDENT: YES  NO  MAJOR: \_\_\_\_\_

\*\*SHSM STUDENT: YES  NO  MAJOR: \_\_\_\_\_

My parent(s)/guardian(s) and I have carefully considered teacher recommendations and my educational plans before completing my course selection sheet for this year. I am aware these changes depend on course availability.

**Invalid reasons for change:** 1) Change of lunch period  
2) Changing the teacher of the course

**I request the following change(s) to my schedule for the following reason(s):**

*(Check the appropriate reason(s))*

- I do not have the necessary pre-requisite course for the current course.
- Senior student (Gr. 11 or 12) who requires a specific course for post-secondary plans.
- Graduating student who is enrolled in four (4) courses and is eligible for study/spare.
- I request a level change.
- I have an incomplete schedule.
- I already have the credit for the current course.
- I am missing a compulsory credit.
- Other

### PLEASE CHANGE:

FROM: \_\_\_\_\_ → TO: \_\_\_\_\_

FROM: \_\_\_\_\_ → TO: \_\_\_\_\_

FROM: \_\_\_\_\_ → TO: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*(If student is under 18 years old)*

Changes Approved:

Changes Not Approved:  Reason: \_\_\_\_\_

Counselor Signature: \_\_\_\_\_

Date: \_\_\_\_\_