



# HOLY NAME OF MARY CATHOLIC SECONDARY SCHOOL

115 GLENVALE BLVD., BRAMPTON, ONTARIO L6S 3J7  
TEL: (905) 458-5341 • FAX: (905) 458-4741

## Request for Course Change

<b>Student Name</b>							<b>Date</b>		
<b>Grade</b>	<b>OEN Number</b>								
<b>HmRm. Teacher</b>									

Timetable changes are considered for the valid reasons listed below. Please check appropriate reason.

	Level Change
	I already have the credit (re: course to be dropped).
	I do not have the pre-requisite (re: course to be dropped).
	The added course is a compulsory credit for my diploma.
	The added course is a pre-requisite for post-secondary admission.
	I do not have enough courses in my timetable.
	I have a medical condition and a physician's note to support this change request.
	Other: Explain

Completion of this form does **not** guarantee a change will occur.

Changes **may not** be made if a timetable conflict arises or if a course is full.

**Be aware that a course change may affect other parts of your timetable.**

Current Course Name and Code		Requested Course Name and Code	
<b>Drop</b>	1		1
	2		2
		<b>Alternate :</b>	

**Timetable requests are processed on a priority basis. You must follow your current timetable for the time being.** Please submit completed form with **both** signatures to the Guidance office.

Student

Parent/Guardian

Signature:

Signature:

Counselor's Response	
Your request has been approved.	Your request has not been approved.
<b>Counselor Notes:</b>	

Counselor's

Date:

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

\_\_\_\_\_