



# St. Joseph Secondary School

5555 Creditview Road, Mississauga, ON L5V 2B9 Tel: (905) 812-1376 Fax: (905) 812-0812

## REQUEST FOR TIMETABLE CHANGE

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

Homeroom Teacher : \_\_\_\_\_ Grade : \_\_\_\_\_

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### I am requesting the following changes to my timetable:

\_\_\_\_\_ change to \_\_\_\_\_  
Current Course Name & Code                      New course requested

\_\_\_\_\_ change to \_\_\_\_\_  
Current Course Name & Code                      New course requested

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### The reason for this change:

- I have already earned this credit.
- I do not have the required pre-requisite for this course.
- I will be taking this course in summer or night school.

**Please be advised that due to scheduling conflicts and / or the unavailability of your new course, the change may not be possible.**

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

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- Your request has been approved
- Your request has not been approved – reason: \_\_\_\_\_

Guidance Counsellor Signature: \_\_\_\_\_ Date: \_\_\_\_\_