



# CHILLIWACK SECONDARY SCHOOL

## COURSE CHANGE/DROP REQUEST

STUDENT NAME: \_\_\_\_\_  
*Please Print*

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

Course to Drop:	teacher initial		Course to Take:	teacher initial
_____	<input type="checkbox"/>	→	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	→	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	→	_____	<input type="checkbox"/>
_____	<input type="checkbox"/>	→	_____	<input type="checkbox"/>

It is recommended that parent and student review the graduation form on the back of this page, before requesting the course change, to ensure that the student has met all graduation requirements.

Parent/Guardian Signature: \_\_\_\_\_

Please contact your school counsellor if you require any further information.

Last Name: A-G Ms. Linau [Stephanie.Linau@sd33.bc.ca](mailto:Stephanie.Linau@sd33.bc.ca)  
Last Name: H-O Mr. Olafson [Chris.Olafson@sd33.bc.ca](mailto:Chris.Olafson@sd33.bc.ca)  
Last Name: P-Z Mr. Cameron [Michael.Cameron@sd33.bc.ca](mailto:Michael.Cameron@sd33.bc.ca)

No course changes will be made after the second week of classes unless there are significant extenuating circumstances.

**COMPLETE THIS FORM AND RETURN OR EMAIL TO YOUR COUNSELLOR AS SOON AS POSSIBLE**