

## Royal Bay Secondary School

3500 Ryder Hesjedal Way Victoria, BC V9C 0J6 Tel: 250-474-2377 Fax: 250-478-5099 Royalbay.sd62.bc.ca

## **REQUEST FOR COURSE CHANGE**

## **Circle Your Counsellor Name:**

Ms Barbour	Ms Hogan	Ms Cooper
A -G	H-N & International	
tbarbour@sd62.bc.ca	khogan@sd62.bc.ca	wcooper@sd62.bc.ca
Are you currently in	an AM or PM class	<b>?</b> Please circle one.
Last Name	First Na	me
Cell Number		
1) Course I want	to drop:	
Course	Block	Teacher
REASON:		
Course I want to add	d (Please provide at lea	ast 2 in order of preference)
Course		
REASON:		
2) Course I want	to dron:	
Course	_	Teacher
REASON:		
Course I want to add	d (Please provide at lea	ast 2 in order of preference)
Course I want to add	d (Please provide at lea	ast 2 in order of preferenc _ Teacher

Email completed form to your counsellor