



REQUEST FOR COURSE CHANGE

Circle Your Counsellor Name:

Ms Barbour

A -G

tbarbour@sd62.bc.ca

Ms Hogan

H-N & International

khogan@sd62.bc.ca

Ms Cooper

O-Z

wcooper@sd62.bc.ca

Are you currently in an AM or PM class? Please circle one.

Last Name _____ First Name _____

Cell Number _____ Email Address _____

1) Course I want to drop:

Course _____ Block _____ Teacher _____

REASON: _____

Course I want to add (Please provide at least 2 in order of preference)

Course _____ Block _____ Teacher _____

REASON: _____

2) Course I want to drop:

Course _____ Block _____ Teacher _____

REASON: _____

Course I want to add (Please provide at least 2 in order of preference)

Course(s) _____ Block _____ Teacher _____

REASON: _____

Email completed form to your counsellor