

**Vanier Collegiate
Course Change Request**

Student Name: _____

Date: _____

Student Email: _____

Grade: _____

Home Phone: _____

Cell: _____

1. This is a **Request Form only**. There are no guarantees that your request will be granted.
2. You must remain in assigned classes until notified by the counsellor/school administration.
3. Course changes will be processed in order of importance and as quickly as possible.
4. You will be notified via email/personally when your request has been processed.
5. Course change requests must be submitted no later than 4 days after the start of the semester.

Reason For The Request (Please indicate)

___ Unassigned Period

___ Missing Graduation Requirement

___ Schedule Conflict

___ Missing Post-Secondary Requirement

___ Credit Earned

___ Other (explain):

CHANGE REQUESTED

Period & Semester	Drop Class	Add Class

Student Signature: _____ Parent Signature: _____

Please submit this form to the Vanier main office.

----- OFFICE USE ONLY -----

Date Received: _____

Date Processed: _____

___ Schedule Change Approved

___ Schedule Change Denied

1. Does not fit schedule
2. Class is full
3. Reason not acceptable

Comments: _____