

Dr J. H. Gillis Regional High School
105 Braemore Avenue, Antigonish, NS B2G 1L3
Tel: 902-863-1620 Fax: 902-863-8284
Course Change Request Form

Requests for course changes will only be considered by the Guidance Department/Administration when this form has been completed and signed by both the student and the parent/guardian.

Courses changes will not be granted for social reasons nor will requests for a specific teacher be considered.

Course changes will be made by the Guidance Department/Administration based upon the student's graduation requirements and prerequisites for a future course selection.

Grade 12 Students ONLY: If dropping a course and not replacing it with another, please put "STUDY" in the "change requested to:" box. The form is to be emailed to Mr. Allan Briggs (allan.briggs@srce.ca) or to Mrs. Ann MacFarlane (ann.macfarlane@srce.ca) from a parent/legal guardian email, or have a parent/legal guardian signature. Thank you.

1. Student Name: _____ Grade: _____

2. Change(s) being requested:

	Block	Currently enrolled:	Change requested to:
Semester 1	A		
	B		
	C		
	D		
Semester 2	A		
	B		
	C		
	D		

3. Please indicate why this change is being requested:

Student Signature

Date

Parent/Guardian Signature

Date

Parent/Guardian daytime phone #: _____

GUIDANCE DEPT. /ADMINISTRATION SECTION

This course change has been granted _____

This course change has **not** been granted _____

Rationale for decision:

Guidance/Administration signature: _____ **Date:** _____