



# COURSE CHANGE REQUEST FORM

TEL: 604-285-9665

#2370-4000 NO. 3 RD, RICHMOND, BC V6X 0J8

### STUDENT INFORMATION:

Legal Last Name (ex. Wang)	Legal First Name (ex. Xiaoming)	Preferred First Name (ex. Bob)	PEN # (If known)
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### DETAIL OF REQUEST:

<b>YEAR</b>	20_____			
<b>SEMESTER</b>	<input type="checkbox"/> Sep-Jan <input type="checkbox"/> Feb-Jun <input type="checkbox"/> Jul-Aug			
<b>ADD</b>	<b>Block #</b>	<b>Course Title</b>	<b>Name of Teacher</b>	<b>(Office Use Only) Textbook Handed Out?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>WITHDRAW</b>	<b>Block #</b>	<b>Course Title</b>	<b>Name of Teacher</b>	<b>(Office Use Only) Textbook Returned?</b>
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

### ADDITIONAL NOTES:

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### SIGNATURES:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Custodian's Signature (If the student is < 19 years old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date