



COURSE CHANGE REQUEST FORM

TEL: 604-285-9665

#120-6411 BUSWELL ST, RICHMOND, BC V6Y 2G5

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:

SEMESTER	20_____	<input type="checkbox"/> Fall: Sep-Jan	<input type="checkbox"/> Spring: Feb-Jun	<input type="checkbox"/> Summer: Jul-Aug
ADD (+)	Block #	Course Title		Name of Teacher
DROP/ WITHDRAW (-)	Block #	Course Title		Name of Teacher

ADDITIONAL NOTES:

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

OFFICE USE ONLY:

- MyEdBC + MS Teams – courses adjusted.
 - **ADD (MyEdBC):** Schedule → Roster → Add → Selection → OK
 - **DROP/WITHDRAW:** Student → Schedule → Workspace → Drop → Post
- MS Teams - Form posted to MHS Family (General) + affected parties tagged (Principal + course instructors)
- Filing – to student's folder
- Textbooks returned by student (if applicable)?