

Archbishop Jordan Catholic High School

Student Learning Services

DROP FORM



Why do you want to make a course change?

- You are finding the class too difficult.
- You are struggling with required assignments and tests.
- You have failed some aspect of the course.
- You are finding it difficult to juggle your course load, work or extra-curricular activities
- The course is not what you expected; it is either too easy or too difficult.
- You have changed your career plans and need to reassess your choices.

Things to consider before making a change...

- Will you have the right courses to achieve your high school diploma and/or post-secondary entrance? Have you referenced your Alberta Education MyPass account to verify this decision will have no effect on meeting your High School Diploma requirements?
- Will you have the necessary prerequisite to take the next level of course?
- Have you considered involving a tutor to assist you in your studies?
- Have you taken on too much outside of your classroom schedule?
- Have you spoken to the appropriate people to make this an informed decision?

Choices

Please **check one** of the following items that applies most to your specific course change:

- I am going to drop the course and take a spare (must be in Grade 11 or 12 for this to apply).
- I am dropping the course so I can register in the E-Learning Centre for an online course.
- I am dropping the course and registering in an E-Learning Centre in a course where attendance is taken.
- Other, please explain: _____

Process

Please discuss your options with the following people in order to complete the course drop/change process. Until all required information is correctly completed, you will be registered in your existing course.

Name: _____ ID#: _____

I hereby declare that I have read through and understand the information presented above and want to move forward with the desired course drop/change.

Student Signature: _____ Date: _____

Course: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

Course Teacher: _____ Signature: _____ Date: _____

Counsellor/Student Advisor: _____ Signature: _____ Date: _____