

ARCHBISHOP JORDAN CATHOLIC HIGH SCHOOL

STUDENT LEARNING SERVICES

COURSE CHANGE FORM



WHY DO YOU WANT TO MAKE A COURSE CHANGE?

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

- I do not have the required pre-requisite course.
- I have changed career plans and need to reassess my choices.
- The course conflicts with other required courses.
- I registered in the wrong class.
- I want to balance classes and avoid overloading a semester.
- I am concerned about the difficulty level of the course.
- Other: _____

THINGS TO CONSIDER BEFORE MAKING A CHANGE...

- Will this impact my school fees? Parents are reminded to check PowerSchool for updated information on fee changes.
- Will you have the right courses to achieve your high school diploma and/or post-secondary entrance?
- Will you have the necessary prerequisite to take the next level of course?
- Have you taken on too much outside of your classroom schedule?
- Have you spoken to the appropriate people to make this an informed decision?

PROCESS

Please discuss your options with your parent in order to complete the course 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 change. I also acknowledge the impact this course change may have on my school fees.

Student Signature: _____ Date: _____

Course: _____

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

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