

Save this form to your computer with a new file name prior to completion

## 2020-2021 NIGHT SCHOOL - DROP/CHANGE COURSE REQUEST

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student email:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

### FOR STUDENTS:

1. Courses not officially dropped by the Full Disclosure date *will* show up on the student's transcript.
2. Course changes may only be completed up until the 2<sup>nd</sup> day of the course.
3. Email this completed form to [coned@hdsb.ca](mailto:coned@hdsb.ca)

Course to drop	Course Code	Teacher Name

Course to add	Course Code	Teacher Name

### COMMENTS/REASON FOR CHANGE(S):

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**I certify that the information given on this form is correct.**

Signature of student (if over 18 years of age) or Parent/Guardian if under 18 years of age	Date
Signature of Student Service Administrator/Designate, Teacher or Site Supervisor	Date

