



DROP/CHANGE COURSE REQUEST

Student Name: _____ **Date:** _____
Student email: _____ **Student ID#:** _____

- o Email this completed form to coned@hdsb.ca

Course(s) to drop	Course Code

Course(s) to add (if applicable)	Course Code

COMMENTS/REASON FOR CHANGE(S):

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

OFFICE USE ONLY	
Signature of Student Service Administrator/Designate	Date