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2021 SUMMER SCHOOL - DROP/CHANGE COURSE REQUEST

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

- Courses not officially dropped by the Full Disclosure date *will* show up on the student's transcript.
 Dates: Session one courses : July 14th
 Full Credit and Session 2 courses: July 28th
- Course change requests must be received by 12 pm on the first day of the course.
- Email this completed form to summerschool@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 Sign digitally, or print and sign | Date |

| OFFICE USE ONLY | |
|--|------|
| | |
| Signature of Student Service Administrator/Designate | Date |