



Student Name:

Gary Allan Learning Centres Night School

Date:

SAVE THIS FORM TO YOUR COMPUTER WITH A NEW FILE NAME PRIOR TO COMPLETION

2021-2022 NIGHT SCHOOL - DROP/CHANGE COURSE REQUEST

	ent email:	Student ID#:	
FOR S	STUDENTS:		
2.	Courses not officially dropped by Semester 1 Full Disclosure Date: No Full Year Languages Full Disclosure Course changes may only be cor Email this completed form to con	ovember 22nd, 2021. e Date: March 15th, 2022. npleted up until the 2 nd day	If show up on the student's transcript.
	Course to drop	Course Code	Teacher Name
	Course to add	Course Code	Teacher Name
COM	MENTS/REASON FOR CHANC	BE(S):	
I cert	ify that the information given	on this form is correct	
I cert	tify that the information given	on this form is correct.	
	t ify that the information given re of student (if over 18 years of age) or Parent		Date
Signatu		/Guardian if under 18 years of age	