

2023-2024 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.
 - a. Semester 1 courses must be dropped prior to **November 20th, 2023**.
 - b. Full year language courses must be dropped prior to **March 13th, 2024**.
 - c. Semester 2 courses must be dropped prior to **April 29th, 2024**.
2. Course changes may only be completed up until the 2nd day of the course.
3. Email this completed form to coned@hdsb.ca

Course to drop	Course Code	Teacher Name

Course to add	Course Code	Teacher Name

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

Signature of Student Service Administrator/Designate, Teacher or Site Supervisor	Date