

Eric Hamber Secondary School
Course Request Change

Name: _____ Student #: _____ Gr. _____

Cell Phone #: _____ Email: _____

Current Course	Requested Course	Reason

Student Signature: _____

I support this request for a course change and I have verified that this request will not interfere with this student's graduation plan.

Parent/Guardian Signature: _____

I understand and agree to abide by Eric Hamber Secondary School policies regarding course change requests:

- Reminder: A course request is not a guarantee that the course will be offered the following school year
- It is recommended that students in Grade 8-11 take 8 courses and students in Grade 12 take a minimum of 7 courses
- Complete this form and place in grade counsellor's mailbox in the office
- All course request changes should be complete by March 10 (first priority) and April 5 (second priority)