



Campbell Collegiate

Semester 2 Course Change Request Form

NOTE: This is a request. Course changes will appear in Edsby.

Date: _____

Student Name: _____

Grade: _____

Change(s) Requested:

Class to drop	Semester	Period	Class to add	Semester	Period

Current Number of Credits: _____

CAP Teacher: _____ CAP Signature: _____

Student Signature: _____

Parent/Guardian Signature: _____

FOR OFFICE USE ONLY
<input type="checkbox"/> APPROVED
<input type="checkbox"/> DENIED
Date: _____
Initials: _____