

**MILES MACDONELL COLLEGIATE
COURSE CHANGE REQUEST**

**Please complete this form for all course change requests. This form must be turned
into Student Services.
Email requests will not be considered.**

TA ADVISOR: _____ **Date Submitted:** _____

Student Name: _____

D.O.B.: _____ **Request for Grade:** 9 10 11 12 S5 S6

Parent/Guardian Phone Number: _____ **Student Phone Number:** _____

Program of Study: (circle current program)

FI COSMO IB DIPLOMA IB COURSE REGULAR

Course & Number

i.e. English 20F (Check one)

_____	ADD ___	DROP ___
_____	ADD ___	DROP ___
_____	ADD ___	DROP ___
_____	ADD ___	DROP ___
_____	ADD ___	DROP ___

Reason: _____

IB COURSES ONLY: (Coordinator's Signature Req'd): _____

PARENT SIGNATURE: _____

TA SIGNATURE: _____

(TA SIGNATURE NOT REQUIRED DURING SUMMER MONTHS)