ARGYLE REQUEST FOR COURSE CHANGE

Student Name:	Grade:
DROP OFF SIGNED DOCUM	IENT at the appropriate Grade Counsellor box in Counselling Dept.
Teacher changes/changes for friends will not be granted	
Highest Priority:	
1. New Students	
2. Timetable does not meet	graduation and/or post-secondary requirements
3. Required course was fail	ed previously
4. Course(s) was completed	or is <i>in-progress</i> online
5. Changed mind for elective	ve course(s)
List multiple alternatives changes to your other course	s for course change requests. Course change requests <u>may result in</u> <u>es</u> .
Drop:	Add:
Drop:	Add:
Drop:	Add:
Reason(required):	
**Senior students in Grades	: 10-12, who are requesting a study period, must Include a study
period application with this	request. <u>Available on Argyle Website.*</u> *
Student Signature:	Date:
Student Email:	
Parent Signature:	Date:
Parent Email:	

Students must follow their old timetable until they have received a new schedule!

Students should not expect to make changes after Friday February 9, 2024