



ST. JOSEPH SECONDARY SCHOOL

5555 Creditview Road, Mississauga, ON, L5V 2B9

Phone: (905) 812-1376 Fax: (905) 812-0812

REQUEST FOR TIMETABLE CHANGE

Name: _____ Date: _____

Homeroom Teacher: _____ Grade: _____

I am requesting the following changes to my timetable:

_____ change to _____
(Current Course Name and Code) (New Course Requested)

_____ change to _____
(Current Course Name and Code) (New Course Requested)

The reason for this change:

- I have already earned this credit.
- I do not have the required pre-requisite for this course.
- I will be taking this course in summer school.

Please be advised that due to scheduling conflicts and/or the availability of the new courses you are requesting, these changes may not be possible.

Student Signature: _____ Parent Signature: _____

- Your request has been approved
- Your request has not been approved – reason: _____

Guidance Counsellor Signature: _____ Date: _____