

Brooklin High School

Guidance Department: REQUEST FOR PATHWAY/COURSE ALTERATION



Date: _____ Student's Name: _____

DELETE Previous Course Requested:	ADD New Course Requested:
Reason for Course Change:	
Counsellor Comment:	
Counsellor Signature: _____	
Approval: Parental signature below indicates approval of this proposed change. No program change will be made until signed parental approval has been received.	
Parent/Guardian Signature: _____	

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