

TCDSB ELECTRONIC COURSE WITHDRAWAL FORM



School Name: _____

Student Name: _____ Grade: _____ Date: _____

Parent/Student contact phone number: _____

Parent/Student contact email: _____

Course Requested to be dropped (Course Code): _____

Reason: _____

Guidance Counsellor: _____

Checking the box represents your signature and consent.

Parent/Guardian Signature
(Required if student under 18)

Student Signature
(Required if student over 18)

I acknowledge that my child has had an opportunity to consult with a Guidance Counsellor and has considered any advice provided in the decision to drop this course. *This box can be checked by student if over 18.*

I acknowledge that by dropping this course my child is not jeopardizing acceptance to any post-secondary program. *This box can be checked by student if over 18.*

PLEASE NOTE: OCAS and OUAC sites may not be updated immediately. Please be sure to check the appropriate site to ensure accuracy of student academic information.

Please return this form to your school principal as soon as you know that you wish to have a course withdrawn from your academic transcript. The final deadline for requests is April 30.

Please expect an email communication as well as a phone call from your Guidance Counsellor indicating whether this request will be processed.

OFFICE USE ONLY:

Request Approved: Yes No

If no, reason: _____

Principal/Designate Signature

Trillium Change Date