



**Course Transfer Form**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

The following are the courses that I am taking this year.

Semester 1	Semester 2	Other

The course that I wish to drop is:

The course that I wish to take is:

Course Code		Course Code	
Course Title		Course Title	
Teacher		Teacher	
Student Comments		Student Comments	
Teacher Comments		Teacher Comments	
Teacher Signature		Teacher Signature	

Parent Comments: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Student Signature: \_\_\_\_\_

Principal/Vice-Principal Comments: \_\_\_\_\_

Principal/Vice-Principal Signature: \_\_\_\_\_

Date of Submission to the Guidance Department: \_\_\_\_\_

Guidance Signature: \_\_\_\_\_