

Ottawa Islamic School

10 Coral Ave, Ottawa, Ontario K2E 5Z6
Tel: 1.613.727.5066 | Fax: 1.613.727.8486 |

Course Withdrawal Form

Student's Full Name _____

Student School Email Address _____

Grade level _____

Date of Change Request _____

Name & Code of Course Requested to Drop _____

Course Period

☐ Semester 1

☐ Semester 2

Please select the reason(s):

- ☐ Course not aligned with my pathway
- ☐ Unable to balance course workload for this class with my other courses
- ☐ Course is difficult
- ☐ I've had a recent schedule change and no longer able to take this course
- ☐ Other (please specify)

* Student Name _____ Signature _____

I acknowledge that by dropping this course my child is not jeopardizing acceptance to any post-secondary program. 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.

* Parent/Guardian Name _____ Signature _____

* Guidance Notes: _____

* Guidance Signature _____ Date: _____

Note: The Guidance Counsellor will inform the teacher, the principal, and the parents indicating whether this request will be processed or not.