

# Ottawa Islamic School

10 Coral Ave, Ottawa, Ontario K2E 5Z6  
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## 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.