

De La Salle College "Oaklands"

ADD/DROP FORM

Student: _____ Grade (incoming year) _____

DROP

Course Code

Course Title

1. _____
2. _____
3. _____

ADD

Course Code

Course Title

1. _____
2. _____
3. _____

Reason: _____

Student Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Email Address _____

Please provide the guidance office with an up to date email address so that any successful timetable changes can be sent out via email.

Students are agreeing to the schedule change. Once the change has been made the schedule cannot be changed back to the original.

Timetable changes will only be completed if the schedule permits those changes.

There are no guarantees that all requests can be processed.

For Office Use Only

Add/Drop Request Completed Successfully Yes _____ No _____ Initials _____