



CORPUS CHRISTI
CATHOLIC SECONDARY SCHOOL



Guidance Department- COURSE CHANGE FORM
2025/26 School year

Date: _____

Counsellor: _____

Name: _____

Grade in 2025/26: _____

DROP		ADD	
COURSE NAME	COURSE CODE	COURSE NAME	COURSE CODE

Please give reason to approve change in course selection. Please note we do not make changes due to teacher preference.

STUDENT SIGNATURE _____

PARENT SIGNATURE _____

APPROVED BY _____

DATE ENTERED _____