**A. Y. JACKSON SECONDARY SCHOOL  
DUAL CREDIT COURSE CHANGE FORM**

**Student Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student OEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
(write the email you wish the college to use. It may be your TDSB email, or another one.)**

***-ALL REQUESTS ARE SUBJECT TO COURSE AVAILABILTY  
-ALL APPROPRIATE SIGNATURES MUST BE OBTAINED BEFORE A CHANGE WILL BE MADE  
-PLEASE ALSO COMPLETE ALL QUESTIONS ON THE REVERSE OF THIS PAGE  
  
COURSE CODE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***COLLEGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ENROLL or DROP? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  
Supplementary Information for Dual Credit Applications**

Do you feel disengaged or that you’re underachieving in regular school? Yes No

Have you ever taken a Dual Credit Course before? Yes No

Have you taken a semester off from high school and returned? Yes No

Are you the first in your family to attend college? Yes No

Do you plan to graduate with an OSSD by June 2020? Yes No

***STUDENT/PARENT COMMENTS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

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Signature of Guidance Counsellor Signature of Parent/Legal Guardian/Student (over 18)   
  
FOR OFFICE USE ONLY: Date received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***