



## Cedars Christian School

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V2K 1A2

# Course Add/Drop Form

Please print clearly and return the form to the Office.

Name: \_\_\_\_\_

Grade: \_\_\_\_\_

### Drop:

Semester	Term (if applicable)	Block	Course

### Add:

Semester	Term (if applicable)	Block	Course

### Additional Information or requests:

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*I understand that it is my responsibility to ensure that I meet the academic requirements for graduation and my post-secondary education, and to consult with my Academic Advisor as needed.*

Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

### Approved by Academic Advisor:

Date: \_\_\_\_\_ Academic Advisor (initials): \_\_\_\_\_