



Course Section Form 2009- 2010

Student: _____

Day School		
	Day 1	Day 2
Semester 1	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____
	PM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____	PM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____
	Day 1	Day 2
Semester 2	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____	AM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____
	PM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____	PM: Option 1: _____ Option 2: _____ Option 3: _____ Request: _____

Night School
Option 1: _____ Option 2: _____ Requested Days and Times: _____

Please return completed request form to Freemont's office either in person or by fax: 416-385-2909

160 Eglinton Ave. East, suite 600, Toronto, ON M4P 3B5