

CHANGE OF PROGRAM

NAME AND CURRENT ADDRESS				I.D. NUMBER	CURRENT FACULTY
Surname		Given name			
Street					
City/Town		Province	Postal code	Phone No.	
SESSION FOR WHICH CHANGE IS REQUESTED					
<input type="checkbox"/> Fall 20 _____ (Sept. - Dec.)		<input type="checkbox"/> Spring 20 _____ (May-Jun.)			
<input type="checkbox"/> Winter 20 _____ (Jan. - Apr.)		<input type="checkbox"/> Summer 20 _____ (Jul.-Aug.)			

Please print clearly and press firmly. You are making two copies.

	CURRENT FACULTY / PROGRAM	REQUESTED NEW FACULTY / PROGRAM
Faculty		
Degree sought (also indicate if after previous degree)		
Major Field or Education Route (PRG 1)		
Minor Field or Education Major (PRG 2)		
Second Major (PRG 3)		
Second Minor (PRG 4)		
Year of Program		

I understand that this request for a change of faculty/program will be forwarded for approval to the new faculty before taking effect. This request will be reviewed when final grades are available for current courses. Until approval has been given, I will not be allowed to register in restricted courses. If I am not admitted to the new program, but am eligible to continue in my former program, my former faculty may require that some courses be dropped, and if the deadline to add courses has passed, I will not be permitted to add any other courses to replace them.

Please note that registration is not allowed in restricted courses until the student has been admitted.

The deadline dates to change programs are indicated in the University Calendar. Late changes are not accepted.

Student's Signature

yr. mo. dy.



FACULTY RULING			
<input type="checkbox"/> Admitted	<input type="checkbox"/> Admitted on academic probation	<input type="checkbox"/> Inadmissible	
Requirements which must be satisfied prior to		<input type="checkbox"/> Fall 20 _____	<input type="checkbox"/> Winter 20 _____
<input type="checkbox"/> Summer 20 _____:			
Additional Comments:			
		Faculty Signature	
		yr. mo. dy.	

DISTRIBUTION REGISTRAR, NEW FACULTY, CURRENT FACULTY OR STUDENT

