

## **Application to 4-Year Advanced Degree**

Section A: To Bo	e Completed by Student		_			
Name:			Student Number:			
Phone:			Email:			
Fall Term 20 Winter Ter			rm 20 Summer Term 20			
<ul> <li>Must such</li> <li>Must ach</li> <li>Students</li> <li>the chose</li> <li>All students</li> </ul>	n Major(s), including the h	erequisite course(s C" or better (2.0 Gi nigher grade of any ering the Single Adv	). PA) in the cou repeated cou vanced Major	urses eligible to cour urse(s) and excluding Program, to declare	nt toward the requirements of	
Complete one of	the following:					
SINGLE ADVAN	ICED MAJOR					
Major:				MINOR:		
CONCENTRATION (	Required for Economics O	nly):				
DOUBLE ADVA	NCED MAJOR					
Major 1:			MAJO	R 2:		
CONCENTRATION (	Required for Economics O	nly):				
Student Signature:(Please print/type name)			Date:			
Section B: Facult	ty of Arts Student Service	 S				
Catalog Term:	Major GPA:			: ng Fs and RPTs)	Subject Fields:	
Humanities:	Social Sciences:	Science Req:	W:	M:	ICR:	
Comment:						
Advisor Signature:			_ Date:			
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University of Manitoba A	Act. The information you provide wi	Il be used by the Universi	ty for the purpos	e of entry in the Advanced	Degree program, maintaining a record of	

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