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CHANGE OF PROGRAM

(including General, Advanced/Major, Honours, Co-op)

Surname:	First Name:	
Student Number:	Email:	
I hereby request to be moved to the follow the degree requirements in their entit	program and rety as written in the 20 20	
calendar. Student Signature:	Date:	
For Office Use Only		
Term: FALL 20 WINTER 20	SUMMER 20	
UPDATE:		
SFAREGS/SGASTDN SHADEGR New degree sequence created		
Courses applied		
Comments:		
Staff Signature:	Date:	

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