• The purpose of this form is to request a change in program route within a degree. Students wishing to change the degree program in which they are enrolled should consult with their Department/Unit.
• If you have any questions or concerns, please contact the Faculty of Graduate Studies at graduate.studies@umanitoba.ca, or by phone at 204-474-9377.

Student Information

Student Name (LAST, First) ___________________________________________ Student Number __________________________

Major Department/Unit ___________________________________________ Program Start Date MM/YYYY

Current Program of Study: Master’s thesis Master’s comprehensive exam Master’s coursework

Master’s practicum Master’s major research paper

Change of Program Route

Change of Program Route to: Master’s thesis Master’s comprehensive exam Master’s coursework

Master’s practicum Master’s major research paper

Comments _______________________________________________________

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________

This personal information is being collected under the authority of the University of Manitoba Act and it will be used to process your program route change. The personal information that you provide will be used only for the purpose for which it is collected, unless you consent or we are authorized to do so under The Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (ph. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, R3T 2N2.

Signatures

Student ___________________________________________ Date MM/DD/YYYY

Advisor ___________________________________________ Date MM/DD/YYYY

Co-Advisor (if applicable) ________________________________ Date MM/DD/YYYY

Department/Unit Head/Grad Chair ___________________________ Date MM/DD/YYYY

Registrar’s Office (if applicable)

Please add comment:
Program route changed from ___________ to ___________ to end of ___________ term.
Please VW from ___________ in ___________ term.

FGS Use Only

Approved By ________________________________
Date (MM/DD/YYYY) ___________________________
Effective Term ________________________________