

Request for In-Program Course Adjustments
Updated October 2018

Notes:

- 1) Once the student has completed part A of this form, it should be submitted to the **department or program office**. Departments are responsible for completion of Parts B and C and submission of the form to the School of Graduate Studies.
- 2) Please ensure Parts A, B, and C of this form are fully completed, giving sufficient information to provide a sound basis for making decisions.
- 3) All forms should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies.
- 4) Please allow one month from the date that the form is submitted to the School of Graduate Studies for a response.

FIRST NAME		FAMILY NAME		STUDENT NUMBER	
FULL-TIME		PROGRAMME		DEGREE	
PART-TIME					

NATURE OF REQUEST:

<input type="checkbox"/>	Transfer Credit (Please refer to the Graduate Calendar and your program regulations to see what is permissible.)
<input type="checkbox"/>	Transfer from one program to another
<input type="checkbox"/>	Audit a Course
<input type="checkbox"/>	Change in Course Designation (e.g. from required to extra credit)
<input type="checkbox"/>	Designating a course outside of one's program as a required course
<input type="checkbox"/>	Other (specify):

This form is not to be used for extension requests (please use the Extension Request Form) or to request an extension of annual supervisory committee meeting (please use the Petition for Special Consideration Form).

PART A: STATEMENT BY STUDENT

THIS CHANGE IS TO BE EFFECTIVE AS OF THE FOLLOWING DATE: (DATE FORMAT YYYY-MM-DD)	
DATE SIGNED	SIGNATURE

PLEASE PROVIDE YOUR E-MAIL ADDRESS

PLEASE SUBMIT THE FORM TO YOUR DEPARTMENT AFTER COMPLETING PART A:

B. STATEMENT BY SUPERVISOR: (or if there is no supervisor, by the faculty member most familiar with the student's work)

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DATE		PRINTED NAME of Faculty Member		SIGNATURE	
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C. STATEMENT BY CHAIR / GRADUATE ADVISOR / PROGRAMME AREA CO-ORDINATOR

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DATE		PRINTED NAME		SIGNATURE	
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D. REVIEW AND DECISION OF THE SCHOOL OF GRADUATE STUDIES

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DATE		PRINTED NAME		SIGNATURE	
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