This is the declaration form

Undergraduate Program Servic Guelph, Ontario, Canada N1G			JELPH	RETURNED TO UNDERGRADUATE
Jndergraduate Schedule	of Studies Ch	ange Request		PROGRAM SERVICES
D NUMBER	SURNAME		GIVEN NAME	DEGREE PROGRAM (e.g. BAH, BSCG)
NOTE: Co-op Students submit this form to the office if you are changin Specialization.	Co-op			NOTE: You must apply to Admission Services to change your degree program (i.e. BAH to BCOMM).
Current Schedule of Studies:	Any change in co- Education Change	op status <u>must</u> be of Status Reques	made by submitting a "Co-o " form.	be used: /
Program Type:		e.g. Honours, Ge	neral, Diploma, etc.)	(e.g. 98 / 99)
Specializations: Type (e.g. Maior)		Subjec	t (e.g. French, History)	College
#1		#1		
#2		#2		
#3		#3		
Revised Schedule of Studies:	No change () OR	Calendar to be used:	/ 1
Program Type:		(e.g. Honours, Ge	neral, (e.g	. 98 / 99) Program Counsellor's Approval
Specializations:		Diploma, etc.)		College:
Type (e.g. Major)		Subject (e.g.	French, History) Advis	or Approval Date
#1		#1		
#2		#2		10 10
#3		#3		
COURSE SUBSTITUTIONS : REQUIREMENT	SUBSTITUT		REQUIREMENT	SUBSTITUTE
		2. *	*	*
*		*	*	*
*		*	*	
*		*	*	*
		1.1	•	
WAIVER OF SCHEDULE OF ST				

I INIVERSITY

THIS FORM MUST BE

NOTE: Course substitutions and exemptions apply to Specialization Requirements for your Degree Program. They do not apply to course restrictions.

I agree to the modifications as stated above.

Office of Registrarial Services

Student's Signature: _____ Date: _____

Date: _____ Departmental Advisor:

Program Counsellor: _____ Date: _____

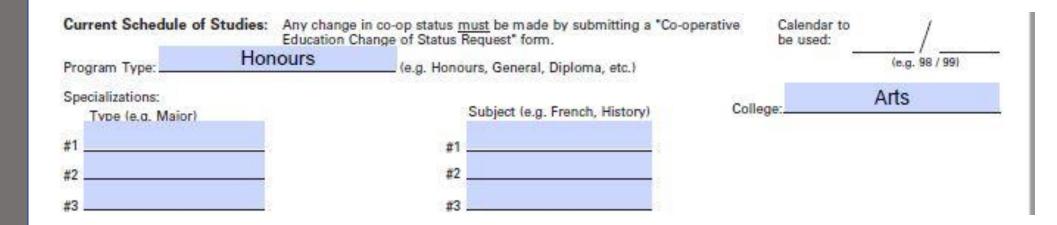
Office of Registrarial Services Undergraduate Program Services Guelph, Ontario, Canada N1G 2W1



Undergraduate Schedule of Studies Change Request

THIS FORM MUST BE RETURNED TO UNDERGRADUATE PROGRAM SERVICES

	012345		Last Name	First Name	BAS
	ID NUMBER	SURNAM	E	GIVEN NAME	DEGREE PROGRAM (e.g. BAH, BSCG)
	NOTE : Co-op Stud submit this form to office if you are cha Specialization.	the Co-op			NOTE: You must apply to Admission Services to change your degree program (i.e. BAH to BCOMM).
STEP ONE			your studer e, degree pro		-



Under "Current Schedule of Studies":

STEP TWO

Fill in your program type (Honours), and the college you below to (College of Arts).

Note: All BAS students belong to College of Arts, regardless of declared minors.

Rev	ised Schedule of Studies	No change () OR	Calendar to be used:	20 / 21	
Pro	gram Type: Ho		e.g. Honours, General,		(e.g. 98 / 99)	Program Counsellor's Approval
Sp	ecializations:	D	Diploma, etc.)		College:	Arts
	Type (e.g. Major)	_	Subject (e.g. French,	History)	Advisor Approval	Date
#1	Minor	-	#1 ECOL			
#2	Minor		#2 FREN			
#3			#3			

Under "Revised Schedule of Studies":

1)



- Fill in Program Type and College again
- 2) Write in the calendar year you will follow
 - Typically the year you started ie. if you started Fall 2020, you would put 2020/2021
 - Can user newer calendar in consultation with Program Counsellor, never older
- 3) Write "Minor" under the Specialization Type, and the subject you are declaring (ie. FREN) under the Subject section.
- In this example the student is declaring Ecology as their Science and French as their Art.

m. They do not apply to course restrictions.
n. They do not apply to course restrictions.

Office of Registrarial Services Undergraduate Program Services Guelph, Ontario, Canada N1G 2W1



THIS FORM MUST BE RETURNED TO UNDERGRADUATE PROGRAM SERVICES

Undergraduate Schedule of Studies Change Request

012345		Last Name	First Name	BAS			
ID NUMBER	SURNAME		GIVEN NAME	DEGREE PROGRAM (e.g. BAH, BSCG)			
NOTE: Co-op Stud submit this form to office if you are cha Specialization.	the Co-op		A	OTE: You must apply to dmission Services to change our degree program e. BAH to BCOMM).			

Cur	rrent Sche	dule of Studies	 Any change in co- Education Change 	op st of St	atus <u>mus</u> tatus Req	<u>t</u> be mai uest" for	de by submit m.	tting :	a "Co-operat		alendar to e used:	·	/
Pro	gram Type:	Ho	nours	(e.g.	Honours	, Genera	l, Diploma, (etc.)				(e.g. 9	18 / 99)
Spe	cializations: Type (e.g. l				Su	bject (e.	g. French, H	istory)	College:		Arts	
#1.					#1				-				
#2 #3					#2								
Rev	ised Scheo	dule of Studies	No change ()	OR		Calenda be used	r to :	20 / 3	21			
Pro	gram Type:	Ho	nours		Honours		l.		(e.g. 98 /	99)	Program	Counsellor's	Approval
Spe	ecializations				oma, etc.					College:		Arts	
	Type (e.g.				Subject (nch, History)		Advisor Ap	pproval		Date	
#1	-	Minor		#1		ECO	-						
#2		Minor		#2		FRE	N						
#3				#3									
COL	JRSE SUB	STITUTIONS :											
REQ	UIREMENT		SUBSTITUTE	_		_	REQUIREME	NT			SUBSTI	TUTE	
	*		ECOL	*				*				*	
	*		FREN	*		. -		*				<u> </u>	
	*			*				*				*	
	*			*				*				*	
COL	COURSE EXEMPTIONS :												
	*			*				*				*	
WA	WAIVER OF SCHEDULE OF STUDY REQUIREMENTS:												

NOTE: Course substitutions and exemptions apply to Specialization Requirements for your Degree Program. They do not apply to course restrictions. I agree to the modifications as stated above.

Student's Signature:	Date:
Departmental Advisor:	 Date:
	Date:
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DISTRIBUTION: WHITE - UNDERGRADUATE PROGRAM SERVICES YELLOW - STUDENT PINK - PROGRAM COUNSELLOR BLUE - DEPARTMENT 102055

COMPLETED FORM!