

THIS FORM MUST BE RETURNED TO UNDERGRADUATE PROGRAM SERVICES

Undergraduate Schedule of Studies Change Request

ID NUMBER	SURNAME	AME 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					Admis your d		vices ogram	apply to to change
Current Schedule of Studies:	Any change in co- Education Change				j a "Co-opera		Calendar to be used:		/
Program Type:		(e.g. Hor	nours, Gene	ral, Diploma, etc.)				(e.	/ g. 98 / 99)
Specializations: Type (e.g. Major)			Subject (e.g. French, Histor	-γ)	College	:		
#1		#	±1						
#2									
#3		#	3						
Revised Schedule of Studies:	No change () (DR	Calendar to be used:	/				
Program Type:		(e.g. Hoi	nours, Gene	ral,	(e.g. 98	/ 99)	Program	Counsello	or's Approval
Specializations: Type (e.g. Major)		Diploma Sub		ench, History)	Advisor A		:	Date	
#1		#1							
#2		#2							
#3		#3							
COURSE SUBSTITUTIONS :									
REQUIREMENT	SUBSTITUTE	1		REQUIREMENT			SUBSTIT	UTE	
		_*		<u> </u>				<u> </u>	
		* _ 		<u>_</u> *				<u> </u>	
		_ <u>* </u>		<u> </u>		_		<u> </u>	
COURSE EXEMPTIONS :		_ *		*					
*		*		*_		_		*_	
WAIVER OF SCHEDULE OF ST		ENTS:							
NOTE: Course substitutions and exe	motions apply to Spe		n Requireme	nts for your Degree	Program Th	nev do not	apply to cou	rse restric	rtions
I agree to the modifications as state		JoianzatiO	n noquireine	into for your Degree	, rogram. H	icy do not	apply to cou	100 100111	
Student's Signature:			Date	:					
Departmental Advisor:			Date	:					
Program Counsellor:			Date	:					
DISTRIBUTION: WHITE - UNDERGE	ADUATE PROGRAM S	SERVICES	YELLOW -	STUDENT PINK	- PROGRAM C	OUNSELLO	R BLUE -	DEPARTI	/IENT 102065