

The student, in consultation with the current graduate program (and the proposed graduate program, if appropriate) should complete the sections of this form above the Faculty of Graduate Studies ruling section.

Last Name	First Name	Middle Name(s)	UCID	Graduate Program
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Change of Category (e.g., Qualifying to Regular) Change of Program (e.g., Program, Degree or Route)	From:	To:	Date Effective:
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Credit for time-in-program:	Remaining time-in-program:
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Candidacy deadline (doctoral program only):	Program completion deadline:
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Credit for completed courses (list course numbers and credit value):

	1 st course	2 nd course	3 rd course	4 th course	5 th course	6 th course
Course Number						
Credit Value						
Course Grade						

Number of courses to be completed in new program (be as specific as possible):

Supervisor	Co-Supervisor	Supervisory Committee (if applicable)
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Indicate all sources of current funding. **Any change to graduate registration may affect your funding** and you must notify your funder if you are no longer eligible. If you are unsure who to contact, ask the Graduate Scholarship Office at gsaward@ucalgary.ca

Awards or scholarships Assistantships Grants Loans Sponsor funding

I have attached documentation outlining the funding agreement between myself and my supervisor.

Annual Funding Commitment: _____ Duration of Funding: _____

Rationale (**Note that a rationale is necessary for any change**):

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act. It is required to respond to your request to change program, category, or registration status. This information will form part of the student record. Please direct any questions to the FOIP Advisor, Faculty of Graduate Studies, University of Calgary, Calgary, Alberta T2N 1N2. Telephone (403) 220-4938.

Signature of Student:	Date:
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Graduate Program Approval

* A transfer from one graduate program to another graduate program will not be accepted without the signatures of the Graduate Program Directors of both the original and the proposed programs.

Signature of Current Supervisor	Date
Signature of Graduate Program Director (Original or Home Department/Program)*	Date
Signature of Supervisor Proposed Graduate Program (if applicable)*	Date
Graduate Program Director of Proposed Graduate Program (if applicable)*	Date

Faculty of Graduate Studies Ruling: Approved Not Approved

Signature:	Date:
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Revised Fee Assessment

Term	Tuition	Differential	GSA	Health Insurance	Dental Insurance	Graduate Group Insurance	Campus Recreation	Athletics	Student Services Fees	UPASS	Bursary