

Change of Program Request Form

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			Fi	First Name			Middle Name(s)			UCID		Graduate Progran		
Change of Category (e.g., Qualifying to Regular) Change of Program (e.g., Program, Degree or Route) To Doctoral Cotutelle Program (attach approved Doctoral Cotutelle Agreement form and appendices)								То:	То:			Date Effective:		
Credit for time-in-program:									Remaining time-in-program:					
Candidacy deadline (doctoral program only):								Program completion deadline:						
Credit for completed courses (list course numbers and credit value):														
	1 st co			ourse 2 nd course			rse	4 th c	ourse	ourse 5 th co		6 ¹	th course	
Course Number														
Credit Va	alue													
Course G	irade													
Number of courses to be completed in new program (be as specific as possible):														
Supervis	Supervisor Co-Supervisor						Supervisory Committee (if applicable)							
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 Bursaries Grants Loans Sponsor 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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* 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								2						
Signature of Graduate Program Director (Original or Home Department/Program)* Da							Date	е						
Signature of Supervisor Proposed Graduate Program (if applicable)*								се						
Graduate Program Director of Proposed Graduate Program (if applicable)*														
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							proved	···						
Signature: Date Revised Fee Assessment									<u>=:</u>					
Term	Tuition	Differential	GSA	Health Incurance	Dental Insurance	Graduate G		Campus	Athletics	Student Serv	ices	UPASS	Bursary	
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