

Change of Specialization

The student, in consultation with the graduate program should complete the sections of this form above the Faculty of Graduate Studies ruling section.

<i>Last Name</i>	<i>First Name</i>	<i>Middle Name(s)</i>	UCID	Graduate Program
------------------	-------------------	-----------------------	------	------------------

<input type="checkbox"/> Addition of Specialization <input type="checkbox"/> Removal of Specialization <input type="checkbox"/> Change of Specialization	<i>New Specialization</i>	Note: changes in specialization will be effective the first day of the term this form is received by the Faculty of Graduate Studies
--	---------------------------	---

Credit for completed courses (<i>list course numbers and credit value</i>):						
	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 specialization (<i>be as specific as possible</i>):						

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:
-----------------------	-------

Graduate Program Approval

Supervisor (Print)	Signature	Date:
Graduate Program Director (Print)	Signature	Date:
Director of Specialization (if applicable)(Print)	Signature	Date:

Faculty of Graduate Studies Ruling: Approved Not Approved

Signature:	Date:
------------	-------

Scholarship Office
 Graduate Program
 Update PeopleSoft