**SCHOOL OF GRADUATE STUDIES**

**Request for In-Program Course Adjustments**

**Updated March 2020**

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| **Notes:**1. Once the student has completed part A of this form, it should be submitted to the **department or program office**. Departments are responsible for completion of Parts B and C and submission of the form to the School of Graduate Studies.
2. Please ensure Parts A, B, and C of this form are fully completed, giving sufficient information to provide a sound basis for making decisions.
3. All forms should be completed in accordance with the regulations outlined in the Calendar of the School of Graduate Studies.
4. Please allow one month from the date that the form is submitted to the School of Graduate Studies for a response.
 |
| **FIRST NAME** |  | **FAMILY NAME** |  | **STUDENT NUMBER** |  |
| **FULL-TIME** |  | **PROGRAMME** |  | **DEGREE** |  |
| **PART-TIME** |  |
| **NATURE OF REQUEST:** |
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|  | **Transfer Credit (Please refer to the Graduate Calendar and your program regulations to see what is permissible.)** |  |
|  | **Transfer from one program to another** |
|  | **Change in Course Designation (e.g. from required to extra credit)** |
|  | **Designating a course outside of one’s program in place of a required course** |
|  | **Designating a course outside of one’s program as an elective course** |
|  | **Late Add of a course** | The student must obtain a signature of the program hosting the course *if it is different* from the home program of the graduate advisor signing the form. Signature of the Course Instructor from graduate program hosting course:Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | **Late Drop of a course** |
|  | **Other (specify):** |

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| This form is not to be used for extension requests (please use the Extension Request Form) or to request an extension of annual supervisory committee meeting (please use the Petition for Special Consideration Form).  |
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| **PART A: STATEMENT BY STUDENT** |
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| **THIS CHANGE IS TO BE EFFECTIVE AS OF THE FOLLOWING DATE:****(DATE FORMAT YYYY-MM-DD)** |  |
| **DATE SIGNED** |  | **SIGNATURE** |  |
| **PLEASE PROVIDE YOUR E-MAIL ADDRESS** |  |
| **PLEASE SUBMIT THE FORM TO YOUR DEPARTMENT AFTER COMPLETING PART A:** |

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| **B. STATEMENT BY SUPERVISOR: (or if there is no supervisor, by the faculty member most familiar with the student’s work)** |
|  |
| **DATE** |  | **PRINTED****NAME of Faculty Member** |  | **SIGNATURE** |  |
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| **C. STATEMENT BY CHAIR / GRADUATE ADVISOR / PROGRAMME AREA CO-ORDINATOR** |
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|  |  |  |  |  |  |  |
| **DATE** |  | **PRINTED****NAME** |  | **SIGNATURE** |  |
|  |
| **D. REVIEW AND DECISION BY THE SCHOOL OF GRADUATE STUDIES** |
|  |
| **DATE** |  | **PRINTED****NAME** |  | **SIGNATURE** |  |

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