

Request for In-Program Course Adjustments
Updated March 2020

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	<input type="checkbox"/>	PROGRAMME		DEGREE	
PART-TIME	<input type="checkbox"/>				

NATURE OF REQUEST:

	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 <i>if it is different</i> 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):

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).

PART A: STATEMENT BY STUDENT

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	
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PLEASE SUBMIT THE FORM TO YOUR DEPARTMENT AFTER COMPLETING PART A:

B. STATEMENT BY SUPERVISOR: (or if there is no supervisor, by the faculty member most familiar with the student's work)

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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	
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D. REVIEW AND DECISION BY THE SCHOOL OF GRADUATE STUDIES

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DATE		PRINTED NAME		SIGNATURE	
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