



**School of Graduate Studies
Request for Program Change
May 2024**

First Name:	Full-time	Part-time
Last Name:	Full Program Name:	
Student ID Number:	Degree:	
<p>Please select from the options below:</p> <ol style="list-style-type: none"> 1. Not proceed with Ph.D. studies but apply for the Master’s degree (student’s signature NOT required) 2. Transfer from one program to another within the same department <p>** PhD Supervisory Committee member signatures are required if student is leaving PhD Career **</p>		
Comments (please give reason for change):		
<p>Please note:</p> <ol style="list-style-type: none"> 1. The effective date of the change must be the start of the term 2. This form can only be used for changes within the same department 		
Effective Date for the Change of Program (start date of new program):		
Student Signature:	Date:	
Supervisor Signature:	Date:	
Dept. Approver Signature:	Date:	
PhD Supervisory Committee Signatures:		
1.	2.	3.
STOP PAYMENT NOTICE		
Stop Student’s Scholarships Pay:	Month	Day
		Year
Dept. Approver Signature:	Date:	

**Once this form is fully complete, please submit via Service Request
“Request for program Change” – R0017**