

# Request for Modification of Program Requirements (Undergraduate)



Complete the Student Section only, attach a letter explaining the extenuating circumstances leading to this request, and then submit to the Registrar's Office in Student & Enrolment Services.

<b>TO BE COMPLETED BY THE STUDENT</b>			
Last Name		First Name	Student ID Number
Telephone		Email	
Program of Study: (choose one) <input type="checkbox"/> 3 year Bachelor of Arts <input type="checkbox"/> Bachelor of Management <input type="checkbox"/> 4 year Bachelor of Arts <input type="checkbox"/> 3 year Bachelor of Science <input type="checkbox"/> Bachelor of Education <input type="checkbox"/> 4 year Bachelor of Science <input type="checkbox"/> Bachelor of Environmental Health		Major(s):	Concentration(s):
Applicable Academic Calendar: (choose one) <input type="checkbox"/> 2009 - 2010 <input type="checkbox"/> 2011 - 2012 <input type="checkbox"/> 2013 - 2014 <input type="checkbox"/> 2015 - 2016 <input type="checkbox"/> 2017 - 2018 <input type="checkbox"/> 2010 - 2011 <input type="checkbox"/> 2012 - 2013 <input type="checkbox"/> 2014 - 2015 <input type="checkbox"/> 2016 - 2017		Minor:	Emphasis:
Requested Modification of Program Requirements: <hr/> <hr/> <hr/>			
I hereby request the faculty council of the identified faculty to modify my program requirements as indicated above. I have attached a letter explaining the extenuating circumstances leading to this request.  <b>Signature of Student:</b>			<b>Date</b>

<b>TO BE COMPLETED BY THE DEAN OF THE APPLICABLE FACULTY</b>				
<input type="checkbox"/> No new modification of program requirements has been granted <input type="checkbox"/> The following modification of program requirements has been granted:				
Applicable Academic Calendar: <input type="checkbox"/> 2009 - 2010 <input type="checkbox"/> 2011 - 2012 <input type="checkbox"/> 2013 - 2014 <input type="checkbox"/> 2015 - 2016 <input type="checkbox"/> 2017 - 2018 <input type="checkbox"/> 2010 - 2011 <input type="checkbox"/> 2012 - 2013 <input type="checkbox"/> 2014 - 2015 <input type="checkbox"/> 2016 - 2017				
<b>Signature of Dean:</b>				<b>Date</b>

<b>Completed form received by the Registrar's Office:</b>	<b>Initials</b>	<b>Date</b>
<b>Program exception recorded in SIS, if approved:</b>	<b>Initials</b>	<b>Date</b>