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.

TO BE COMPLETED BY THE STUDENT			
Last Name	First Name	Student ID Number	
Telephone	Email		
Program of Study: (choose one)		Major(s):	Concentration(s):
• • • • • • • • • • • • • • • • • • • •	Bachelor of Science	1,14,01(0).	
	Bachelor of Science		
□ Bachelor of Education □ Dual Degrees (BMgt/BSc in Chemistry)			
□ Bachelor of Environmental Health □ Church Music Certificate			
□ Bachelor of Management			
Applicable Academic Calendar: (choose one)		Minor:	Emphasis:
□ 2009 - 2010 □ 2011 - 2012 □ 2013 - 2014 □ 2015 - 2016 □ 2017 - 2018			
□ 2010 - 2011 □ 2012 - 2013 □ 2014 - 2015	□ 2016 – 2017 □ 2018 - 201	9	
Requested Modification of Program Requirements:			
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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.			
Signature of Student:			
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TO BE COMPLETED BY THE DEAN OF THE APPLICABLE FACULTY			
□ No new modification of program requirements has been granted.			
☐ The following modification of program requirements has been granted:			
Applicable Academic Calendar:			
□ 2009 - 2010 □ 2011 - 2012	□ 2013 - 2014	□ 2015 - 2016	□ 2017 - 2018
□ 2010 - 2011 □ 2012 - 2013	□ 2014 - 2015	$\Box 2016 - 2017$	□ 2018 - 2019
Signature of Dean:		Date	
Completed form received by the Registrar's Office:		als Date	
Program exception recorded in SIS, if approved:		als Date	