

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) <input type="checkbox"/> 3 year Bachelor of Arts <input type="checkbox"/> 3 year Bachelor of Science <input type="checkbox"/> 4 year Bachelor of Arts <input type="checkbox"/> 4 year Bachelor of Science <input type="checkbox"/> Bachelor of Education <input type="checkbox"/> Dual Degrees (BMgt/BSc in Chemistry) <input type="checkbox"/> Bachelor of Environmental Health <input type="checkbox"/> Church Music Certificate <input type="checkbox"/> Bachelor of Management		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 <input type="checkbox"/> 2018 - 2019		Minor:	Emphasis:
Requested Modification of Program Requirements: _____ _____ _____			
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:			Date

TO BE COMPLETED BY THE DEAN OF THE APPLICABLE FACULTY				
<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	<input type="checkbox"/> 2018 - 2019
Signature of Dean:				Date

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