



SCHOOL OF GRADUATE STUDIES
REQUEST FOR CHANGE IN DEGREE REQUIREMENTS
FOR GRADUATE STUDENT

| | | |
|----------------------|----------------------|-----------------------|
| SURNAME | INITIALS | STUDENT NUMBER |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

PLEASE FEEL FREE TO USE BACK OF FORM FOR ADDITIONAL COMMENTS.

ADVANCE CREDIT

PLEASE GIVE ADVANCE CREDIT FOR _____

FROM THE FOLLOWING INSTITUTION _____

WAIVER OF REQUIREMENT (INCLUDING LANGUAGE)

WAIVE THIS REQUIREMENT _____

PLEASE PROVIDE RATIONALE _____

CHANGE IN TYPE OF DEGREE PROGRAM

| | | | |
|-------------------|--------------------------|-------------------------|--------------------------|
| COURSES & THESIS | <input type="checkbox"/> | COURSES & COMPREHENSIVE | <input type="checkbox"/> |
| COURSES & PROJECT | <input type="checkbox"/> | COURSES ONLY | <input type="checkbox"/> |

DEPARTMENTAL APPROVAL

DATE SIGNATURE OF CHAIR OR DESIGNATE

GRADUATE STUDIES APPROVAL

DATE SIGNATURE OF ASSOCIATE DEAN