

SCHOOL OF GRADUATE STUDIES

Change of Program

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at http://get.adobe.com/reader. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Review the How to create and insert a digital signature webpage for step by step instructions; (5) Fill in the required data and save the file; (6) Send the completed form which has been signed by the student, (co)-supervisor(s) and academic unit head to: sgs@mun.ca.

		Student In	formation			
MUN #:	Last Name:		First Name:		Middle Name:	
Academic Unit:			Degree:	Degree:		
		Change in Progra	m Requirements			
Add the following co	ourse(s) – Subje	ect and Course No.s	Delete the following	ng course(s) -	- Subject and Course No.s	
		Change in	Thesis Title			
New title:						
		Change of Supervisor and/	or Supervisory Comn	nittee		
(For new members external to MUN, attach full name and complete address)						
Add Advisor Supervisor (or) Co-Supervisor Co-Supervisor Member Member	Full Name	Signature	Replace or Re	move		
Signatures						
Student:Supervisor/			Date:			
Co-Supervisors:			Date:			
Head of Academic U Approval of Gradua			Date:		<u>-</u>	
	· 		Date:			

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act (RSNL1990CHAPTERM-7). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information please contact the School of Graduate Studies at 709.864.2445 or sas@mun.ca.