

Access to Information and Protection of Privacy - The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Registrar's Office, Grenfell Campus at 637-6298.

REQUEST FOR DEGREE ADVICE GRENFELL CAMPUS

This form is only applicable for students who are completing a degree at Grenfell Campus or the Western Regional School of Nursing.

NOTE: This form must be emailed to gcregistrarsoffice@mun.ca from your @mun email account. Requests from personal email addresses will not be processed.

Student Number	Last Name		First Name
Select One:			
Pick up at Registrar's Office	e, Grenfell Camp	us	
Email:			
Mail:			
Please indicate the year of Calenda	ar Regulations fol	lowed:	
Bachelor of Arts	General	Honours	
English			
Historical Studies			
Interdisciplinary Hu	ımanities		
Psychology			
Social/Cultural Stud	dies		
Minor (if required):			
Bachelor of Business Ad	ministration		
Minor (optional):			
If you are completi	ng a Transfer Blo	ck Program, pleas	se indicate your institution, program,
and program durat	ion:		



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Bachelor of Fine Arts
Theatre
☐ Visual Arts
Visual Arts
Bachelor of Nursing (Western Regional School of Nursing)
4-year collaborative
Accelerated
Bachelor of Environment and Sustainability
Environmental Studies
Resource Management
Minor:
WINOT.
☐ Bachelor of Science ☐ General ☐ Honours
Bachelor of Science General Honours
Mathematics
Environmental Science (select concentration):
Biology Chemistry
General Science (select your three areas):
Biology
Chemistry
Earth Science
Mathematics
Physics
Joint Mathematics & Physics
Physics
Psychology
Minor (optional):
Date: Student Signature: