

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 Registra☐ Email:☐ Mail:	r's Office, Grenfell Campus	3
Please indicate the year of	Calendar Regulations follo	owed:
Bachelor of Arts	General	Honours
Psycholog	linary Humanities y tural Studies	
☐ Bachelor of Busir	ness Administration	
Minor (opti	onal):	
•	completing a Transfer Block im duration:	k Program, please indicate your institution, program,



Date:

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Bachelor of Fine Arts	
Theatre	
☐ Visual Arts	
U Visual Aits	
Bachelor of Nursing (Western Regional School of Nursing)	
4-year collaborative	
Accelerated	
Accelerated	
Bachelor of Environment and Sustainability	
Environmental Studies	
Resource Management	
Minor:	
Will Of .	
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):	

Student Signature: