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DECLARATION / CHANGE OF ACADEMIC PROGRAM CERTIFICATES IN THE FACULTY OF HUMANITIES AND SOCIAL SCIENCES

Student Number	Last Name	First Name	
			@mun.ca
Date NOTES:	Student Signature	E-mail Address	
 All Certificate program completed form to the 0 If you require assistant For changes in the act 	Office of the Registrar ce with completing this form, contact	the Academic Advising Centre or the Office of time for registration for a given semester, this or that particular semester.	f the Registrar.
SECTION 1. HUMANIT	TIES AND SOCIAL SCIENCES, FAC	CULTY OF in addition to my current program	
Ancient Languages Criminology Film Studies Food Studies History and Philosop Indigenous Studies Newfoundland and L	ohy of Science and Technology -abrador Studies		