

Request for

Program or Section Change

**Complete and return to Enrolment Services, Room 2H1, Kente Building**

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| --- |
| **PERSONAL INFORMATION** |
| Student # | Date of birth (dd/mm/yyyy) | Email |
| Last Name (Family Name)  | First name (Given Name) Middle Name |
| Address | Home phone  | International Student **❑** No**❑** Yes |
| City Province Postal Code | Cell phone number |
| Current Program/Course/Department | Year Semester |

**Sponsorship/Funding**:  **❑** OSAP **❑** Second Career **❑** WSIB **❑** Indigenous **❑** Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Change**  | **Current Program/Section** | **Requested New Program/Section** |
| **❑** Program**❑** Section**❑** N/A |  |  |

**Request Approval:**

**❑ I understand that this form is only a request and that I must continue in my current section/program unless otherwise notified.**

**❑ I understand that I will only be informed by Enrolment Services if the change request is granted.**

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Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes

**For Office Use Only:**

Request granted: ❑ Y ❑ N

Enrolment Services Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

International: ❑ Y ❑ N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IRC: ❑ Y ❑ N \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes/Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Notified: ❑ Email ❑ In person Staff: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_