

STUDENT INFORMATION	
Student name:	Student ID #:
Program:	MSc – Thesis Option MSc – Major Research Paper Option PhD
1 st term of registration:	Current term:
REQUESTED CHANGE	
Current supervisor(s):	New supervisor(s):
REASONS FOR REQUEST	
Please explain why you are requesting this change.	
APPROVAL SIGNATURES	
Student:	Date:
Current supervisor(s):	Date:
New supervisor(s):	Date:
Graduate Program Director:	Date:
Department Chair:	Date:
FOR PROGRAM USE ONLY	
Revised funding:	
Term that change is effective:	
Comments:	