Toronto Metropolitan University

Computer Science
Graduate Studies

STUDENT INFORMATION	
Student name:	**Student ID #:**
Program: MSc – Thesis Option MSc – Major Research Paper Option PhD	
1st term of registration:	**Current term:**

REQUESTED UPDATE	
Current supervisor(s):	**New supervisor(s):**

REASONS FOR REQUEST
Please explain why you are requesting this update.

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 update is effective:
Comments: