

Academic Change Form - SGS

1) Print, sign, 2) Obtain course approvals, & 3) Submit to dept.

The personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended, the Ontario Ministry of Training, Colleges and Universities Act, and the Federal Statistics Act. The information collected will form part of your student record at Queen's. It will be shared with the faculty, school or department and reported to Statistics Canada and the Ministry of Training, Colleges and Universities. In addition to these external reporting requirements, the information will be used for updating your academic record, for determining fee assessment, internal statistical analysis, and for communicating with you.

Student Number: NetID: _____ Academic Year:

Title: Name:

Present Program of Study

Degree Program Plan 1 Plan 2 Level Subplan 1 Subplan 2

Requested Program of Study

Degree Program Plan 1 Plan 2 Level Subplan 1 Subplan 2

Please check if complete withdrawal from program:

- Immediate
 End of term
 Check if student card has been returned (may affect fees)

Present Study Status

	Attendance	Locale
Fall	<input type="text"/>	<input type="text"/>
Winter	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

Requested Study Status

	Attendance	Locale
Fall	<input type="text"/>	<input type="text"/>
Winter	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

Are you registered this session in any other degree program at Queen's? Yes No

Degree Program Plan

Fall Winter Summer

Class Changes

	Class	Section	Term(s)			Wgt	Significance to Prog	Instructor's Approval (if course is outside home dept.)
			F	W	S			
A D D	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D R O P	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Program Approval

Supervisor

Date

Grad Coordinator/Dept Head

Date

School of Graduate Studies

Date

Student's Signature _____ Date _____

Fee Status