MEMORIAL UNIVERSITY

Access to Information and Protection of Privacy - The information on this form is collected under the authority of the *Memorial University Act (RSNL 1990 Chapter —7)* and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Manager of Enrolment Services at 864-4410.

OFFICE OF THE REGISTRAR
ST. JOHN'S, NL., CANADA, A1C 5S7
FAX: (709) 864-2337

REQUEST FOR DEGREE ADVICE

Please check one box only:

❑ Will pick up at Registrar's Office (no address required)

❑ Mail to address below:

Street # and name	City	Province	Postal Code

LAST NAME

FIRST NAME

STUDENT NUMBER

PHONE NUMBER

E-mail Address: _____@mun.ca

ACADEMIC PROGRAM INFORMATION

Degree Program : _____

Major 1: _____ Major 2: _____

Joint Major (Science only): _____

Minor: _____

PLEASE NOTE:
1) If you are also completing another undergraduate degree from this University, please note that in addition to satisfying the separate requirements of each degree, you must also complete, at this University, 30 credit hours beyond those required for the first degree which are applicable to the degree sought.
2) Students with less than 30 credit hours are encouraged to visit the Academic Advising Centre.

Signature: _____ Date: _____