REQUEST FOR DEGREE ADVICE

Please check one box only:

☐ Will pick up at Registrar’s Office
☐ Mail to address below:

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<th>Street # and name</th>
<th>City</th>
<th>Province</th>
<th>Postal Code</th>
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SURNAME

GIVEN NAMES

STUDENT NUMBER

PHONE NUMBER

E-mail address (if applicable): ______________________________________________________

ACADEMIC PROGRAM INFORMATION

Degree Program: _________________________________________________________________

Major 1: __________________________ Major 2: ___________________________

Joint Major (Science only): ________________________________

Minor: ________________________________________________________________

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.

Signature: ____________________________________________ Date: ____________________