Memorial
University of Newfoundland

Office of the Registrar
ST. JOHN'S, NL., CANADA, A1C 5S7
FAX: (709) 737-2337

REQUEST FOR DEGREE ADVICE

Please check one box only:

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

Street # and name	City	Province	Postal Code

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: _____