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DECLARATION / CHANGE OF ACADEMIC PROGRAM DIPLOMA PROGRAMS IN FACULTY OF HUMANITIES AND SOCIAL SCIENCES

Student Number	Last Name	First Name	
			@mun.c
Date Si	tudent Signature	E-mail Address	
in the <u>University Cale</u> 2. To ensure changes in must be submitted a 3. This form should be	endar and the program coordina n the academic program are pro t least one week prior to your re	Registrar, after appropriate signatures hav	emester, this form
HUMANITIES AND SOCIAL (Diplomas)	SCIENCES, FACULTY OF	in addition to my current prog	· ·
Ancient Worlds Creative Writing Environmental Humanit Humanities Northern Peoples, Land Public Policy Stage and Screen Tech	ds and Resources		
Signature of Program Coordi		Approved \square Not Approved	