



Change of Program

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Fill in the required data, save and print the file; (5) Send the completed form which has been signed by the student, (co)-supervisor(s) and academic unit head to

School of Graduate Studies

[School of Graduate Studies](#), Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: sgs@mun.ca

Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Academic Unit:		Degree:	
Change in Program Requirements			
Add the following course(s) – Subject and Course No.s		Delete the following course(s) – Subject and Course No.s	
Change in Thesis Title			
New title:			
Change of Supervisor and/or Supervisory Committee (For new members external to MUN, attach full name and complete address)			
Add	Full Name	Signature	Replace or Remove
Advisor		_____	
Supervisor (or)		_____	
Co-Supervisor		_____	
Co-Supervisor		_____	
Member		_____	
Member		_____	
Reason(s) for Change(s) in Program			
Signatures			
Student:		Date:	
_____		_____	
Supervisor/ Co-Supervisors:		Date:	
_____		_____	
Head of Academic Unit:		Date:	
_____		_____	
Approval of Graduate Studies:		Date:	
_____		_____	

Original: School of Graduate Studies (Copies will be sent to the academic unit and student via SGS).

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