



School of Graduate Studies

# Program of Study Form

For new admits/deferrals/transfers/financial changes

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 to and retain a copy for academic unit files:

[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](mailto:sgs@mun.ca)

Check One:		New Admission	Deferral	Transfer	Financial Change
<i>For deferrals, complete MUN No., Name, Unit, Start Date, Financial Section, and only other areas which have changes.</i>					
MUN No.:	Last Name:	First Name:		Middle Name:	
Academic Unit:		Please Enter Admission Year:			
Degree:		Fall 20	Winter 20	Spring 20	
Major:		Full Time		Part Time	
Area of Concentration:					
Proposed Research Topic:					
Program Route (Check all that apply)					
Courses	Cooperative	Fast-Track	Internship	Practicum	
Project Report	Paper Folio	Research Paper	Thesis		
Program Requirements (Check all that apply)					
Animal Care Seminar	Yes	No	Comprehensive Exam	Yes	No
English Placement Test	Yes	No	PHIA	Yes	No
Language Requirement	Yes	No	If yes, indicate which language (e.g. German):		
Required Courses: List all required courses (any changes in this program must be approved by the Dean of Graduate Studies on a <a href="#">Change of Program</a> or <a href="#">Change of Route</a> form prior to registration for courses different from those listed)					
Advisor or Supervisory Information: Print or type full names					
Role:			Signature:		
Advisor:					
Supervisor:					
Co-Supervisor:					
Committee Member:					
Committee Member:					
Financial Recommendation			Admission Status		
Source	Amount Per Annum		Graduate Studies Use Only:		
Supervisor's Grant:	\$		Full Admission:	Yes	No
Assistantship (actual cost):	\$		Conditional Admission:	Yes	No
SGS Baseline:	\$		Condition(s):		
Other (specify):	\$				
Total Financial Package:	\$				
Recommendation Signature - Associate Dean, Graduate Studies (Medicine):				Date:	
Approval Signature of Dean/Associate Dean of Graduate Studies:				Date:	

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTERM-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at [sgs@mun.ca](mailto:sgs@mun.ca).

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