MEMORIAL UNIVERSITY

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OFFICE OF THE REGISTRAR
ST. JOHN'S, NL., CANADA, A1C 5S7
FAX: (709) 864-2337

REQUEST FOR DEGREE ADVICE

Please check one box only:

❑ Will pick up at Registrar's Office (no address required)

❑ Mail to address below:

Street # and name	City	Province	Postal Code

LAST NAME

FIRST NAME

STUDENT NUMBER

PHONE NUMBER

E-mail Address: _____@mun.ca

ACADEMIC PROGRAM INFORMATION

Degree Program: _____ ☐ General ☐ Honours

Major 1: _____ Major 2: _____

Joint Major (Science only): _____

Minor: _____

PLEASE NOTE:
1) 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.
2) Students with less than 30 credit hours are encouraged to visit the Academic Advising Centre.

Signature: _____ Date: _____