



**Access to Information and Protection of Privacy** - The information on this form is collected under the authority of the *Memorial University Act (RSNL 1990 Chapter M-7)* and is needed for and will be used to update your student record. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 864-8260.

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

**REQUEST FOR PROGRAM ADVICE**

*Please check one box only:*

- Will pick up at Registrar's Office (no address required)
- Email to \_\_\_\_\_ @mun.ca
- Mail to address below:

Street # and name	City	Province	Postal Code
-------------------	------	----------	-------------

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

LAST NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FIRST NAME

--	--	--	--	--	--	--	--	--	--

STUDENT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

PHONE NUMBER

**ACADEMIC PROGRAM INFORMATION**

Please provide the following information applicable to your program:

Program Title: \_\_\_\_\_  General  Honours

Major 1: \_\_\_\_\_ Major 2: \_\_\_\_\_

Joint Major(s): \_\_\_\_\_

Minor: \_\_\_\_\_ Concentration: \_\_\_\_\_

**PLEASE NOTE:**

- Students with less than 30 credit hours are encouraged to visit the Academic Advising Centre.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_