School of Graduate Studies — Program Change Form

University of Toronto TORONTO ONTARIO M5S 1A1

Please print or type.

Student Number

1 **Full Legal Name** Surname Given Names

Department

Academic Year 20__ - 20__

Session ☐ Fall ☐ Winter ☐ Summer

Student status. Please check appropriate boxes. See reverse side of form for definition of full/part-time study to confirm status indicated in box below. Please check SGS Calendar for deadlines to drop courses.

☐ Degree (Specify) ☐ Special ☐ Full-time ☐ Part-time

Complete either section 2 or section 3. Courses in progress are dropped for a student who withdraws by the appropriate deadline. If a student intends to drop all courses section 3 must be completed.

2 **Course Changes**

A I apply to **drop** the following courses/activities from my current program.

Course/Activity Title	Required Y/N	Academic Activity Code	Session Code	Meeting Session

B I apply to **add** the following courses/activities from my current program.

Course/Activity Title	Required Y/N	Academic Activity Code	Session Code	Meeting Session

Student's Signature Date

Change approved by

Chair/Coordinator Home Dept Date

Chair/Coordinator Other Dept (only when adding courses) Date

3 **Withdrawal**

A rebate of fees will be determined by the date on which this form is received by the School of Graduate Studies.

A I withdraw from the program in which I am currently registered.
Reason:

Student's Signature Date

Chair/Coordinator Dept Date

B Only for part-time Degree students doing course work.
I apply for permission to resume the program within the next 12 months.

Student's Signature Date

I recommend that this student ne eligible to register within the next _____ (maximum 12) months.

Chair/Coordinator Other Dept (only when adding courses) Date

06/97