

Declaration/Change of Program Graduate Studies

Office of Graduate Studies Halifax NS B3M 2J6 (902) 457-5502 graduate@msvu.ca

Student ID#	D# Last Name		First Name(s)			
Apartment/Street		Town/City		Province	Postal Code	
Current Program of	Study () Phone	Number	Mount Email Address	S		
Change of Degree						
New Degree Progran	n					
Department's Appro			Approval Date			
Graduate Admission	s Approval Signature		Approval Date			
Program Concentration			Note: This form cannot be used if you wish to change your program to MA or Msc degree, as these are limited enrolment programs. You must formally apply through the Admissions Office.			
Concentration						
Approved Signature						
Approval Date						
Staff Only:						
 Student of approval 	completes declaration/ch	ange of program f	orm and takes to ap	propriate gradua	te department fo	
2. The signe	ed form will be returned t	to the appropriate	administrative staff.			
	rative staff will prepare a h the declaration/change		-	n to be sent to <u>gr</u>	aduate@msvu.ca	
 Date			Student Signature			

Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information and Protection of Privacy (FOIPOP) Act. For further information on these acts, please refer to the University Calendars.