

Declaration/Change of Program Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498

graduate@msvu.ca

Student ID#	ent ID# Last Name/Surna		First Name(s)/Given Name(s)			
Apartment/Street					Province	Postal Code
Current Program of	Study	() Phone Number		Mount Email Addre	SS	
Change of Degree						
New Degree Progra	m					
Department's Appro (subject to review by (Approval Date		
Graduate Admission	ns Approval Sig	nature		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				through the Admis	ssions office.	
Approved Signature			-			
Approval Date						
Staff Only:						
approva	-	claration/change of				te department fo
-	The signed form will be returned to the appropriate administrative staff. Administrative staff will prepare a Revised Graduate Program Data Form to be sent to <u>graduate@msvu.c</u>					
		iii prepare a Revised tion/change of prog		-	m to be sent to <u>g</u> i	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.