



REQUEST FOR CHANGE TO GRADUATE PROGRAM STARTDATE

STUDENT INFORMATION:

<i>First Name:</i>	<i>Last Name:</i>
<i>Student Number:</i>	<i>Department:</i>

Reminder: The academic year runs May 1 – April 30. A request for change must fall within 12 months of the original offer date within the following academic year.

Type of Change Requested:

Original Offer: _____ **Requested Start:** _____

Check one:

- Change program start to another term within the academic year of the original offer (Example: September 2016 to January 2017)
- Change program start to a term in the next academic year (within 12 months of original admission date) (Example September 2016 or January 2017 to September 2017 is allowed; January 2017 to January 2018 requires a new application fee).

Comments: _____

Approval of Supervisor or Group Leader:

 Name Signature Group Date (yyyy/mm/dd)

Approval of Departmental Graduate Program Advisor:

 Name Signature Department Date (yyyy/mm/dd)