

GRADUATE REQUEST FOR PROGRAM CHANGE

ROUTE/OPTION/SPECIALIZATION ONLY

This form is to be used by graduate students requesting to **change their program route/option or would like to add a specialization**. Only program routes and specializations listed in the Academic Calendar will be accepted. Fill in the form and consult with your Graduate Coordinator. The form with all signed approvals must be submitted to Registrarial Services for final processing. Once the change has been finalized, students will receive an email to their Lakehead University email account. **Forms received after the last day to register in a term will be assessed at the beginning of the NEXT term.**

Please be advised that there is a **\$50.00** fee associated with the processing of this form and students are required to contact accounts@lakeheadu.ca to make the payment. Proof of payment must be submitted along with this completed form to processing.aarr@lakeheadu.ca.

Have you submitted a current Intent to Graduate? Yes No

STUDENT INFORM	ATION				
Last Name		First Name	First Name		
Student ID Number		Lakehead University Email	Lakehead University Email		
CURRENT PROGRA	.M INFORMATION				
DEGREE				Ex: Master of Arts	
MAJOR				Ex: Biology, Physics	
ROUTE/OPTION				Ex: Thesis, Project, Course	
SPECIALIZATION				Ex: Gerontology, None	
NEW PROGRAM INFORMATION (only routes/options and specializations listed in the current Academic Calendar may be selected)					
DEGREE					
MAJOR					
ROUTE/OPTION					
SPECIALIZATION					
YES, I am pursuing the Co-Operative option.					
Please indicate the reason for your request					
Students wishing to change their degree or major (ex: MA to MSC OR Civil Engineering to Mechanical Engineering) MUST apply for admission to that program. Contact the Faculty of Graduate Studies for further information.					
Student signature				Date	
Graduate Coordinator/Chair Signature				Date	
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For Office Use Only Comments		Coded	Date		