



## Request for Change of Program

**McGill University**  
**School of Continuing Studies**  
**Admissions & Convocation**  
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Montreal, Quebec H3A 3R1  
Telephone: (514) 398-6161; Fax: (514) 398-2649  
e-mail: admissions.conted@mcgill.ca

Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(LAST NAME/First Name)

Telephone No. (Home): \_\_\_\_\_ Telephone No. (Business): \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby request a **CHANGE OF PROGRAM**                      **TERM/YEAR:** \_\_\_\_\_

**From:** \_\_\_\_\_  
(Original program applied to)

**To:** \_\_\_\_\_  
(Desired program)

**Brief Explanation:**

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\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)