



- The purpose of this form is to request a change in program route within a degree. Students wishing to change the degree program in which they are enrolled should consult with their Department/Unit.
- If you have any questions or concerns, please contact the Faculty of Graduate Studies at graduate.studies@umanitoba.ca, or by phone at 204-474-9377.

Student Information

Student Name (**LAST**, First) _____ Student Number _____

Major Department/Unit _____ Program Start Date _____
MM/YYYY

Current Program of Study:	Master's thesis	Master's comprehensive exam	Master's coursework
	Master's practicum	Master's major research paper	Master's project

Change of Program Route

Change of Program Route to:	Master's thesis	Master's comprehensive exam	Master's coursework
	Master's practicum	Master's major research paper	Master's project

Comments _____

This personal information is being collected under the authority of the *University of Manitoba Act* and it will be used to process your program route change. The personal information that you provide will be used only for the purpose for which it is collected, unless you consent or we are authorized to do so under *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access and Privacy Office (ph. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, R3T 2N2.

Signatures

Student _____ Date _____
MM/DD/YYYY

Advisor _____ Date _____
MM/DD/YYYY

Co-Advisor (if applicable) _____ Date _____
MM/DD/YYYY

Department/Unit Head/Grad Chair _____ Date _____
MM/DD/YYYY

FGS Use Only

Approved By _____ Date (MM/DD/YYYY) _____ Effective Term _____