

Students must submit to his/her faculty advisor/supervisor:

- a) this application,
- b) a letter providing detailed reasons for the application, and the students' current telephone number, e-mail address and correspondence address.

Student's Name:		ID Number:	
Degree Program:	<input type="checkbox"/> PhD	<input type="checkbox"/> MASc	<input type="checkbox"/> MEng
Status:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Inactive
First term of Registration:	<input type="checkbox"/> Fall	<input type="checkbox"/> Winter	<input type="checkbox"/> Spring/Summer Year: _____
Supervisor(s) Change:			
From:	_____ Supervisor		
	_____ Co-Supervisor (<i>if applicable</i>)		
To:	_____ Supervisor		
	_____ Co-Supervisor (<i>if applicable</i>)		
The term you wish this change request to be effective: <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring/Summer Year: _____			

Student's signature: _____ Date: _____

Current Supervisor: Approved Denied _____ Date: _____

Current Co-supervisor: Approved Denied _____ Date: _____
(*if applicable*)

New Supervisor: Approved Denied _____ Date: _____

New Co-supervisor: Approved Denied _____ Date: _____
(*if applicable*)

Program Director: Approved Denied _____ Date: _____

- Distribution:
- Student file
 - Current Supervisor
 - New Supervisor
 - Graduate Program Director