University of Lethbridge
School of Graduate Studies

REQUEST FOR COURSE CHANGE

University of Lethbridge ID Number

Today's Date

Addition and/or deletion of courses that identify change(s) to the student's approved program including co-op. Indicate the corresponding senior undergraduate (UG) level course number where applicable (Request to Take a Senior Undergraduate Course at the Graduate Level form), course section number, and lab number (if applicable).

LAST NAME:

FIRST NAME:

☐ FULL TIME ☐ VISITING/EXCHANGE STUDENT

☐ PART TIME DEGREE: MAJOR:

Term: 01=Spring (January - April); 02=Summer (May - August); 03=Fall (September - December)

Add / Drop	Year	Term	Course	Number	CRN (Office use only)	Corresponding UG Number	Section	Lab/Tut if Applicable	CRN (Office use only)	Instructor
Title									Lab Instructor	

Add / Drop	Year	Term	Course	Number	CRN (Office use only)	Corresponding UG Number	Section	Lab/Tut if Applicable	CRN (Office use only)	Instructor
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Add / Drop	Year	Term	Course	Number	CRN (Office use only)	Corresponding UG Number	Section	Lab/Tut if Applicable	CRN (Office use only)	Instructor
Title									Lab Instructor	

PLEASE PROVIDE THE RATIONALE FOR THE CHANGE OF PROGRAM; ADD AN ADDITIONAL PAGE IF NECESSARY

YOUR SIGNATURE INDICATES APPROVAL OF THE COURSE CHANGE

Supervisor Signature _____ Name _____ Date _____

Co-Supervisor Signature _____ Name _____ Date _____

YOUR SIGNATURE INDICATES THAT YOU AGREE TO YOUR PROGRAM OF STUDIES

Student Signature _____ Date _____

YOUR SIGNATURE INDICATES THAT YOU HAVE RECEIVED A COPY OF THIS DOCUMENT

Dept Chair Signature _____ Name _____ Date _____

Faculty Dean Signature _____ Name _____ Date _____

Form Revised July 2013

Print Form