



School of Graduate Studies

Request for Course Change

University of Lethbridge ID Number

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Today's Date

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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).

Review the program specific Policies & Procedures for detailed information (www.ulethbridge.ca/graduate-studies/policies-procedures).

Student information

Surname: _____ Given name(s): _____
 Visiting/exchange student Degree: _____ Major: _____
Concentration (if applicable): _____ Full-time Part-time

Course information

Term: 01=Spring (January to April); 02=Summer (May to August); 03=Fall (September to December)
 Add Drop
Title _____
Year: _____ Term: _____ Course: _____ Number: _____ CRN: _____ Corresponding UG number: _____ Section: _____
Instructor _____
Lab/Tut (if applicable): _____ CRN: _____ Lab instructor _____
Add Drop
Title _____
Year: _____ Term: _____ Course: _____ Number: _____ CRN: _____ Corresponding UG number: _____ Section: _____
Instructor _____
Lab/Tut (if applicable): _____ CRN: _____ Lab instructor _____
Add Drop
Title _____
Year: _____ Term: _____ Course: _____ Number: _____ CRN: _____ Corresponding UG number: _____ Section: _____
Instructor _____
Lab/Tut (if applicable): _____ CRN: _____ Lab instructor _____

Rationale

Please provide the rationale for the change of program (attach an additional page if necessary):

Signatures

Your signature indicates approval of the course change:
(Co) supervisor name: _____ Signature: _____ Date: _____
(Co) supervisor name: _____ Signature: _____ Date: _____
Your signature indicates that you agree to your program of studies:
Student name: _____ Signature: _____ Date: _____
Your signature indicates that you have received a copy of this document:
Department Chair name: _____ Signature: _____ Date: _____
Faculty Dean name: _____ Signature: _____ Date: _____

Submit completed form to the Faculty Dean no later than the last day of Add/Drop in a given term.