

# Academic Change Form - SGS

1) Print, sign, 2) Obtain course approvals, & 3) Submit to dept.



**Queen's**  
UNIVERSITY

The personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended, the Ontario Ministry of Training, Colleges and Universities Act, and the Federal Statistics Act. The information collected will form part of your student record at Queen's. It will be shared with the faculty, school or department and reported to Statistics Canada and the Ministry of Training, Colleges and Universities. In addition to these external reporting requirements, the information will be used for updating your academic record, for determining fee assessment, internal statistical analysis, and for communicating with you.

Student Number:  NetID: \_\_\_\_\_ Academic Year:

Title:  Name:

## Present Program of Study

Degree Program    Plan 1    Plan 2    Level    Subplan 1    Subplan 2

Please check if complete withdrawal from program

## Requested Program of Study

Degree Program    Plan 1    Plan 2    Level    Subplan 1    Subplan 2

Check if student card has been returned (may affect fees)

## Present Study Status

	Attendance	Locale
Fall	<input type="text"/>	<input type="text"/>
Winter	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

## Requested Study Status

	Attendance	Locale
Fall	<input type="text"/>	<input type="text"/>
Winter	<input type="text"/>	<input type="text"/>
Summer	<input type="text"/>	<input type="text"/>

Are you registered this session in any other degree program at Queen's?  Yes  No

Degree Program  Plan

Fall  Winter  Summer

## Class Changes

	Class	Section	Term(s)			Wgt	Significance to Prog	Instructor's Approval (if course is outside home dept.)
			F	W	S			
ADD	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DROP	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Program Approval

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Grad Coordinator/Dept Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
School of Graduate Studies

\_\_\_\_\_  
Date

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Fee Status