



## Request for Change of Program

**McGill University**  
**School of Continuing Studies**  
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Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(LAST NAME/First Name)

Telephone No. : \_\_\_\_\_

E-mail: \_\_\_\_\_

I hereby request a **CHANGE OF PROGRAM** **TERM/YEAR:** \_\_\_\_\_

**From:** \_\_\_\_\_  
(Original program applied to)

**To:** \_\_\_\_\_  
(Desired program)

### **Brief Explanation:**

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\_\_\_\_\_  
(Student's Signature)

\_\_\_\_\_  
(Date)