

## **Declaration/Change of Program**Registrar's Office Halifax NS B3M 2J6 (902) 457-6117 FAX (902) 457-6498

graduate@msvu.ca

Student ID# Last Name		First Name(s)		
Apartment/Street	To	wn/City	Province	Postal Code
Current Program of Study	() Phone Number	Mount Email Ac	ddress	
Change of Degree				
New Degree Program				
Department's Approved Signature (subject to review by Graduate Admissions)		Approval Date	e	
Graduate Admissions Approval Signature		Approval Date	e	
Program Concentration		Note: This form cannot be used if you wish to change your program to <b>MA</b> or <b>MSc</b> degree, as these are limited enrolment programs. You must formally apply through the Admissions Office.		
Concentration				
Approved Signature				
Approval Date				
Staff Only:				
Student completes de approval	claration/change of pro	ogram form and takes	to appropriate gradua	te department fo
2. The signed form will b	e returned to the appro	opriate administrative	staff.	
	ill prepare a Revised Gration/change of progran	_	Form to be sent to gr	raduate@msvu.ca
 Date	<del>-</del>	Student Sign	ature	

Mount Saint Vincent University abides by the Personal Information Protection and Electronic Documents Act (PIPEDA) and the Freedom of Information and Protection of Privacy (FOIPOP) Act. For further information on these acts, please refer to the University Calendars.