FACULTY OF FINE ARTS INTERNAL TRANSFER OF PROGRAM REQUEST FORM

Revised January 2003 ID#40064014 Tel: 438-830-5173 Postal Code: H3A 1S2 CURRENT PROGRAM: (Please indicate all concentrations in which you are currently enrolled.) Specialization: Studio Arts Major: Minor: For Departmental Use Only: (NOTE: Recommendations are not required for programs in 1st choice program: (List all concentrations in which the student is already enrolled.) which you are currently enrolled and wish to remain enrolled.) Specialization: Signature of Dept's Designated Authority Date Accept Deny Signature of Dept's Designated Authority Date Accept Deny Signature of Dept's Designated Authority Date Accept Deny For Departmental Use Only: (NOTE: Recommendations are not required for programs in 2nd choice program: (List all concentrations in which the student is already enrolled.) which you are currently enrolled and wish to remain enrolled.) Specialization: Computation + Signature of Dept's Designated Authority Date Accept Deny Major: Signature of Dept's Designated Authority Date Accept Minor: Signature of Dept's Designated Authority Date Accept Deny

Student Signature: Date: 27/02/2018