



Request for Change of Program

McGill University
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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:

(Student's Signature)

(Date)