McGill
MACDONALD CAMPUS

PROGRAM CHANGE FORM
FACULTY OF AGRICULTURE AND ENVIRONMENTAL

ID **FAMILY NAME** **FIRST NAME**

CURRENT PROGRAM INFORMATION: CHECK THE BOX ON THE LEFT IF YOU WOULD LIKE IT DELETED.

☐ _____
CURRENT MAJOR

☐ _____
CURRENT MINOR

☐ _____
CURRENT SPECIALIZATION/CONCENTRATION/DOMAIN/OPTION

_____
CURRENT ACADEMIC ADVISOR SIGNATURE

REQUESTED CHANGE:

_____
NEW MAJOR

_____
NEW MINOR

_____
NEW SPECIALIZATION/CONCENTRATION/DOMAIN/OPTION

_____
NEW ACADEMIC ADVISOR SIGNATURE

IMPLEMENT CHANGE: *FALL *WINTER

*APPLICATIONS ARE ACCEPTNED UNTIL THE ADD/DROP DEADLINE IN A GIVEN TERM. DIETETICS DEADLINE IS JUNE 1 (SPACE PERMITTING)

For Faculty use only: Approved ☐ Refused ☐ Student/Advisor notified ☐

Effective Term: _____

SGASTDN: Program Change (DEGRTRNS) ☐ Degree Change (DEGRCHGE) ☐ NA (minor/Specialization) ☐

Updated by: _____ Date_____