

Internal Program Change Request

Completed form should be submitted to the FGS AD Student Affairs (fgsadst@yorku.ca). For additional instructions, please consult the Program Change Request SOP found in GPA/GPD Resources

Please note: Signatures must be collected over email, either through a digital signature on the PDF form or an accompanying email attachment stating "I have read and approved this submission".

Student information																			
Surname	First Name																		
Student Number	E-mail																		
Current Program	Degree & level of study	Current status	Funded																
Proposed Program	Degree & level of study	Proposed status	Funded																
Student Signature	Term Effective for:																		
	Date (mm/dd/yyyy):																		
Advanced Standing: <table border="0"> <tr> <td>Course Work:</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> </tr> <tr> <td>Exams (Comprehensive/Qualifying):</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> </tr> <tr> <td>Language Requirements:</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> </tr> <tr> <td>Cognate Requirements:</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> </tr> </table>				Course Work:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	Exams (Comprehensive/Qualifying):	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	Language Requirements:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	Cognate Requirements:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled
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Cognate Requirements:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled																
GPD: Please describe in detail any waiver of program requirements and/or requirements left to fulfill.																			
Program Approval																			
Graduate Program Director Name:																			
Graduate Program Director Signature:																			
Date (mm/dd/yyyy):																			
FGS Approval (office use only)																			
<input type="checkbox"/> May proceed	<input type="checkbox"/> May not proceed	Date (mm/dd/yyyy)	Initials: _____																
Registrar's Office (office use only)																			
<input type="checkbox"/> Record updated	Date: _____	Initials: _____																	

Privacy: Personal information in connection with this form is collected under the authority of , 1965 and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416)736-2100 x 55521.