



Request to Take a Course in Another Graduate Program at York

Submit completed form to your graduate program office. Schulich course requests must be submitted at Student Services, Schulich School of Business.

| Student information | | | | | | | |
|--|--------------|-------------------------|--------|-------------------|-------------------|-------------------|--|
| Surname | | Given name(s) | | | | | |
| Student Number | | | E-mail | | | | |
| Program | | Degree & level of study | | | | Current status | |
| Course requested Must be required to complete degree requirements | | | | | | | |
| Faculty, course number, credit e.g., GL/FRAN 4630 3 | Course title | | | Term e.g., F20 | | | |
| | | | | | | | |
| Course Director Approval | | | | | | | |
| Name | | Signature | | | | Date (mm/dd/yyyy) | |
| Student signature | | Date (mm/dd/yyyy) | | | | | |
| | | | | | | | |
| Approvals | | | | | | | |
| Home Graduate Program Director Name | | Signature | | | Date (mm/dd/yyyy) | | |
| Guest Graduate Program Director Name | | Signature | | | | Date (mm/dd/yyyy) | |
| Valid From (mm/dd/yyyy) | | 1 | | Expires | s (mm/dd/yyyy |) | |

Privacy: Personal information in connection with this form is collected under the authority of *The York University Act*, 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.