PROGRAM CHANGE NOTIFICATION

New Nouveau
Brunswick

This form is to be completed by the educational institution for all students who have transferred to a new program of study at the same institution or campus prior to their period of study end date and must be forwarded to Student Financial Services (SFS) as soon as the change occurs.

Note: For all other changes in academic status, a *Change of Academic Status* form must be completed.

Student ID _____

xxx	xxx				

Social Insurance Number   Student's First Name   Student's Last Name

_____
Name of Educational Institution

Original Program of Study

Name of Program of Study   Year of Study   Total Weeks Attended

Start Date __ __ ____ to   Last day student attended __ __ ____   Indicate any breaks during period of study __ __ ____ to __ __ ____
DD MM YYYY   DD MM YYYY   DD MM YYYY   DD MM YYYY

__ __ ____ to __ __ ____
DD MM YYYY   DD MM YYYY

Fees charged for original program of study

$ _____ $ _____ $ _____
Tuition   Student Fees   Co-op Fees

New Program of Study

Name of Program of Study   Year of Study   Total Weeks Transferred from Original Program

Transfer Date __ __ ____ to   End Date __ __ ____   Indicate any breaks during period of study __ __ ____ to __ __ ____
DD MM YYYY   DD MM YYYY   DD MM YYYY   DD MM YYYY

__ __ ____ to __ __ ____
DD MM YYYY   DD MM YYYY

Fees charged for new program of study

$ _____ $ _____ $ _____
Tuition   Student Fees   Co-op Fees

Educational Institution Official

_____   _____   ( ) _____
Name and title of person completing this form (print)   Date   Telephone

_____   _____
Signature of person completing this form   Email