

PROGRAM CHANGE NOTIFICATION



This form is to be completed **by the post-secondary 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.

SECTION A - STUDENT INFORMATION

_____ Last Name (current legal name) XXX XXX	_____ First Name (current legal name)
_____ Social Insurance Number (last 3 digits only)	_____ Student ID Number (at your Institution)

SECTION B - INSTITUTION INFORMATION

Name of Institution

SECTION C - ORIGINAL PROGRAM OF STUDY INFORMATION

_____ Name of Program of Study	_____ Year of study	_____ Total weeks attended
Start date _____ yyyy mm dd	Last day student attended _____ yyyy mm dd	
Indicate the dates of any breaks during the period of study		
_____ yyyy mm dd	to	_____ yyyy mm dd
_____ yyyy mm dd	to	_____ yyyy mm dd
Fees charged to the student for original program of study:		
Tuition \$ _____	Student Fees \$ _____	Co-op Fees \$ _____

SECTION D - NEW PROGRAM OF STUDY INFORMATION

_____ Name of Program of Study	_____ Year of study	_____ Total weeks transferred from original program
Transfer date _____ yyyy mm dd	End date _____ yyyy mm dd	_____ % of full course load
Indicate the dates of any breaks during the period of study		
_____ yyyy mm dd	to	_____ yyyy mm dd
_____ yyyy mm dd	to	_____ yyyy mm dd
Fees charged to the student for new program of study:		
Tuition \$ _____	Student Fees \$ _____	Co-op Fees \$ _____

SECTION E - INSTITUTION OFFICIAL

Declaration

I declare that the information provided on this form is complete and true and that I am authorized to provide this information on behalf of the institution identified in Section B.

_____ Name of authorized representative <i>(you may be contacted by our office if we require additional information)</i>	_____ Title
_____ Email address	_____ Phone number
_____ Signature of authorized representative	_____ Date