Request for Degree/Module Change or Withdrawal Form

| Rea | sons for completing t | this form | 1: | | | |
|-------------------|---|--------------------|----------------|-------------|------------------------|------------------------|
| □ F | orgot to complete an Inte | ent to Reg | ister form (ch | nanges will | appear after constra | nints removed in July) |
| □R | eturning student (who ha | as not atte | ended a post- | secondary | institution since last | at Western) |
| □ С | hanging based on summ | ner results | i. | | | |
| | ther | | | | | |
| | hange of Degree/Module | | | | | |
| □ <u>v</u> | /ithdrawal from Universit | t <u>v</u> (comple | ete section 1 | and 3) | ☐ A Term | ☐ B Term |
| | Reason for withdrawal: | : | | | | |
| | Section #1 | | | | | |
| | Student name: | | | | Student number: | |
| | Western email: | | | | Phone Number: | |
| | Section #2 | | | | | |
| Change degree to: | | | | | | |
| | Degree type: | ☐ BSc | □ BMSc | □ВА | ☐ Post Degree Mo | odule BA Undeclared |
| | Academic Load: ☐ Full Time ☐ Part Time | | | | | |
| | Degree Objective: ☐ Honors ☐ 4 Year ☐ 3 Year ☐ Special Student ☐ Western School Change modules(s) to: | | | | | |
| | | | | | | |
| | Honors Specialization: | ĺ | | | | |
| | | + | | | | |
| | Specialization: | | | | | |
| | Specialization: Major: | | | | | |
| | · | | | | | |
| | Major: | | | | | |
| | Major: | | | | | |
| | Major: Major: Minor: | | | Section # | #3 Date: | |

Send scanned copy via email to : scibmsac@uwo.ca

FAX: 519-661-3325

