



FACULTY OF GRADUATE STUDIES  
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## REQUEST TO CHANGE FIELD OF SPECIALIZATION

Student I.D. Number: \_\_\_\_\_ FT  PT

Graduate Program: \_\_\_\_\_

Surname/Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Brock Email Address: \_\_\_\_\_

CURRENT FIELD OF SPECIALIZATION: \_\_\_\_\_

EXAMPLE: (Psychology) Behavioural Neuroscience

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Office Use Only

CHANGE TO: \_\_\_\_\_

EXAMPLE: (Psychology) Lifespan Development

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Office Use Only

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Supervisor Signature (if applicable)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Graduate Program Director** \_\_\_\_\_ **Date** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

GRSEG  STUDENT  GRADUATE PROGRAM  FILE