



FACULTY OF GRADUATE STUDIES
 1812 Sir Isaac Brock Way
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 Fax: 905-688-0748

Website: <http://www.brocku.ca/graduate-studies>

REQUEST TO CHANGE DEGREE PATHWAY

Student I.D. Number: _____ FT PT

Surname/Family Name: _____ First Name _____

Brock Email Address: _____

Graduate Program:

I wish to change my degree pathway:

FROM:

Course Pathway
 Research Pathway MRP Thesis

TO:

Course Pathway
 Research Pathway MRP Thesis

Effective Term: _____ Year _____ Amount _____

Student Signature _____ **Date** _____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

Supervisor: _____ **Date** _____
please print *signature*

Graduate Program Director: _____ **Date** _____
please print *signature*

Faculty of Graduate Studies: _____ **Date** _____
please print *signature*

FOE USE ONLY

FUNDING ADJUSTMENTS

Paid to Student:

Graduate Fellowship (Research Pathway & MRP)

Effective Term: _____ Year _____ Amount _____

Graduate Assistantship

Effective Term: _____ Year _____ Amount _____

FGS USE ONLY

Funding Owning to Brock University:

Effective Term: _____ Year _____ Amount _____

GRSEG FUNDING TUITION ADJUSTMENT GRADUATE PROGRAM STUDENT