



FACULTY OF GRADUATE STUDIES
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Website: <http://www.brocku.ca/graduate-studies>

REQUEST TO CHANGE MED DEGREE PATHWAY

Please mail or fax to the attention of Faculty of Education at 905-641-5091

Student I.D. Number: _____ FT PT

Surname/Family Name: _____ First Name _____

Brock Email Address: _____

Field of Specialization: _____

I wish to change my degree pathway:

FROM:

Course Pathway

Research Pathway MRP Thesis

Effective Term: _____ Year _____ Amount _____

TO:

Course Pathway

Research Pathway MRP Thesis

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 Signature (if applicable) _____ **Date** _____

Graduate Program Director _____ **Date** _____

Faculty of Graduate Studies _____ **Date** _____

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