

## Internal Program Change Request

Completed form should be submitted to the FGS AD Student Affairs ([fgsadst@yorku.ca](mailto:fgsadst@yorku.ca)). For additional instructions, please consult the Program Change Request SOP found in GPA/GPD Resources.

**Please note:** Signatures must be collected over email, either through a digital signature on the PDF form or an accompanying email attachment stating “I have read and approved this submission”.

Student information																							
Surname	First Name																						
Student Number	E-mail																						
Current Program	Degree & level of study	Current status	Funded																				
Proposed Program	Degree & level of study	Proposed status	Funded																				
Student Signature	Term Effective for:																						
	Date (mm/dd/yyyy):																						
Advanced Standing: <table border="0" style="width: 100%;"> <tr> <td>Course Work:</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Exams (Comprehensive/Qualifying):</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Language Requirements:</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> <td><input type="checkbox"/> N/A</td> </tr> <tr> <td>Cognate Requirements:</td> <td><input type="checkbox"/> Fulfilled</td> <td><input type="checkbox"/> Partially Fulfilled</td> <td><input type="checkbox"/> Not Fulfilled</td> <td><input type="checkbox"/> N/A</td> </tr> </table>				Course Work:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	<input type="checkbox"/> N/A	Exams (Comprehensive/Qualifying):	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	<input type="checkbox"/> N/A	Language Requirements:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	<input type="checkbox"/> N/A	Cognate Requirements:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	<input type="checkbox"/> N/A
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Language Requirements:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	<input type="checkbox"/> N/A																			
Cognate Requirements:	<input type="checkbox"/> Fulfilled	<input type="checkbox"/> Partially Fulfilled	<input type="checkbox"/> Not Fulfilled	<input type="checkbox"/> N/A																			
Are you a full-time employee at York University? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note:</b> Full-time York Employees are not eligible to receive graduate funding packages.																							
GPD: Please describe in detail any waiver of program requirements and/or requirements left to fulfill.																							
Program Approval																							
Graduate Program Director Name:		Graduate Program Director Signature:																					
Date (mm/dd/yyyy):																							
FGS Approval (office use only)																							
<input type="checkbox"/> May proceed	<input type="checkbox"/> May not proceed	Date (mm/dd/yyyy)	Initials: _____																				
Registrar's Office (office use only)																							
Record updated	Date: _____	Initials: _____																					

**Privacy:** Personal information in connection with this form is collected under the authority of , 1965 and will be used for educational, administrative and statistical purposes. If you have any questions about the collection, use and disclosure of personal information by York University, please contact: Faculty of Graduate Studies, 230 York Lanes, (416)736-2100 x 55521.