

## Request for Change of Program

McGill University  
School of Continuing Studies  
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Telephone: (514) 398-6200  
e-mail: admissions.V F V@mcgill.ca

Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_  
(LAST NAME/First Name)

E-mail: \_\_\_\_\_

I hereby request a CHANGE OF PROGRAM                      TERM/YEAR: \_\_\_\_\_

From : \_\_\_\_\_  
(Original program applied to)

To: \_\_\_\_\_  
(Desired program)

Brief Explanation:

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(Date)