



GRADUATE ADMISSIONS AND RECORDS
 UNIVERSITY CENTRE
 UNIVERSITY OF VICTORIA
 PO BOX 3025, STN CSC
 VICTORIA, BC V8W 3P2 CANADA

**INTERDISCIPLINARY GRADUATE PROGRAM
 COURSE CHANGE FORM
 FACULTY OF GRADUATE STUDIES**

Student's Name: _____ Student Number: _____

PROGRAM CHANGE REQUEST:

New Course: _____ Replacing: _____ Unit Value: _____
 New Course: _____ Replacing: _____ Unit Value: _____
 New Course: _____ Replacing: _____ Unit Value: _____

Rationale: _____

Attach a program rationale statement indicating why a course change is being sought. Please indicate which course(s) the change will be replacing, if applicable. If the course(s) is an addition to your program, please indicate the revised unit value for your program.

REVISED PROGRAM

DEPT & COURSE NO.	COURSE TITLE	INSTITUTION (if not UVic)	UNIT VALUE
Required courses (i.e. MUST be completed in order to graduate)			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Elective courses (i.e. optional depending on availability/interest).

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Maximum units in proposed program _____

Master's degrees must consist of a minimum of 15 units. Doctoral programs must consist of a minimum of 30 units for students who have a Master's degree, 45 units for students without a Master's degree.

Student's signature: _____ Date: _____

Names of all committee members and departments: _____

Co-supervisor's name: _____

Co-supervisor's signature: _____ Date: _____

Graduate Admissions and Records approval: _____ Date: _____

INTD Graduate Advisor approval: _____ Date: _____

Faculty of Graduate Studies approval: _____ Date: _____