



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: \_\_\_\_\_