

# PROGRAM CHANGE NOTIFICATION



This form is to be completed by the educational institution for all students who have transferred to a new program of study at the same institution or campus prior to their period of study end date and must be forwarded to Student Financial Services (SFS) as soon as the change occurs.

**Note:** For all other changes in academic status, a *Change of Academic Status* form must be completed.

Student ID

|                         |                      |                     |
|-------------------------|----------------------|---------------------|
| <b>XXX</b>              | <b>XXX</b>           |                     |
| Social Insurance Number | Student's First Name | Student's Last Name |

Name of Educational Institution

### Original Program of Study

|   |   |   |
|---|---|---|
| Name of Program of Study                                | Year of Study   | Total Weeks Attended                                    |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |

|  |  |  |  |
|--|--|--|--|
| Start Date   | Last day student attended  | Indicate any breaks during period of study   |  |
| <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> |
| DD MM YYYY   | DD MM YYYY   | DD MM YYYY   | DD MM YYYY   |

|  |  |  |
|--|--|--|
| Fees charged for original program of study                 |  |  |
| \$ <input style="width: 80px; height: 20px;" type="text"/> | \$ <input style="width: 80px; height: 20px;" type="text"/> | \$ <input style="width: 80px; height: 20px;" type="text"/> |
| Tuition  | Student Fees   | Co-op Fees   |

### New Program of Study

|   |   |   |
|---|---|---|
| Name of Program of Study                                | Year of Study   | Total Weeks Transferred from Original Program           |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> |

|  |  |  |  |
|--|--|--|--|
| Transfer Date  | End Date   | Indicate any breaks during period of study   |  |
| <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> | <input style="width: 50px; height: 20px;" type="text"/> to <input style="width: 50px; height: 20px;" type="text"/> |
| DD MM YYYY   | DD MM YYYY   | DD MM YYYY   | DD MM YYYY   |

|  |  |  |
|--|--|--|
| Fees charged for new program of study                      |  |  |
| \$ <input style="width: 80px; height: 20px;" type="text"/> | \$ <input style="width: 80px; height: 20px;" type="text"/> | \$ <input style="width: 80px; height: 20px;" type="text"/> |
| Tuition  | Student Fees   | Co-op Fees   |

### Educational Institution Official

|   |   |   |
|---|---|---|
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |
| Name and title of person completing this form (print)   | Date  | Telephone   |
| <input style="width: 100%; height: 20px;" type="text"/> | <input style="width: 100%; height: 20px;" type="text"/> |   |
| Signature of person completing this form                | Email   |   |