



Change of Degree Request Form

Registrar's Office

62 York Street, Sackville, NB
Canada, E4L 1E2
(506) 364-2269 (phone)
(506) 364-2272 (fax)

Last Name	First /Preferred Name	Middle Name	Phone Number ()	E-mail Address	Student ID #
Current Mailing Address (Number / Street / PO Box)		Town/City	Province	Postal Code	MTA Unit #

Please Note:

- Students applying to transfer to the Bachelor of Arts, Bachelor of Science or Bachelor of Commerce programs see Calendar regulation 10.2.4 (http://www.mta.ca/calendar/_10.html#_10.2.4)
- Students applying to transfer to the **Bachelor of Commerce** Program must do so by the end of their second year (see calendar regulation 10.2.4 http://www.mta.ca/calendar/_10.html#_10.2.4).
- Students applying to transfer to the **Bachelor of Music** program must do so by February 14th (see Calendar regulation 10.2.4 (http://www.mta.ca/calendar/_10.html#_10.2.4))
- Students applying to transfer to the **Bachelor of Fine Arts** program must do so by February 15th (see Calendar regulation 10.2.4 http://www.mta.ca/calendar/_10.html#_10.2.4) . Students applying to transfer to the **Bachelor of Fine Arts** program must submit a portfolio of artwork to the Fine Arts Department by **February 15th**).

Current Degree Program according to Connect@MTA:

Bachelor of Arts Bachelor of Science Bachelor of Commerce Bachelor of Music Bachelor of Fine Arts

Current Major(s): _____ **Current Minor(s):** _____

Which Academic Calendar are you following to complete your degree requirements? (See 10.1.3) _____

Note: Unless otherwise requested, it is assumed students are following the Calendar under which they entered or were re-admitted to Mount Allison.

I wish to change my Mount Allison degree program to:

Bachelor of Arts Bachelor of Science Bachelor of Commerce Bachelor of Music Bachelor of Fine Arts

New Major(s): _____ **New Minor(s):** _____

Student Signature

Date

Please return this to the Registrar's Office.