

Request for Change of Program

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Telephone: (514) 398-6200
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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)