

3432 Mackenzie Building Telephone no.: 613-520-5784 CEEGradInfo@cunet.carleton.ca

Request for a Change of Program

(e.g. MENG to MASc etc.)

Please return the completed form to the Graduate Administrator in room 3452 ME or email to CEEGradInfo@cunet.carleton.ca along with a copy of your academic audit.

Student informatio	n			
Name:		Date:		
Student number:		Email Address:		
Current Registration	n:			
Admit Year:	☐ Fall Term	☐ Winter Term	☐ Winter Term ☐ Summer Term	
Program:	☐ Building Engineering	☐ Civil Engineering	ing	
Current Degree:	☐ M.Eng. Coursework	☐ M.Eng. Project	☐ M.A.Sc.	☐ PhD
Request Program C	•			
Effective Year:	☐ Fall Term	☐ Winter Term		
Program:	☐ Building Engineering	☐ Civil Engineering		nmental Engineering
Degree:	☐ M.Eng. Coursework Thange (extra pages may be a	☐ M.Eng. Project	☐ M.A.Sc.	☐ PhD
Student Signature:		C	Pate:	
Advisor/Supervisor	Comments:			
Advisor/Supervisor	Name:			
Advisor/Supervisor	Signature:		Date:	
Departmental Appr	oval:			
Associate Chair (Gra	iduate) – Comments:			
Associate Chair (Gra	<u> </u>			
Associate Chair (Gra	iduate) Signature:		ate:	