



**School of Graduate Studies**

School of Graduate Studies – **Graduate Student Course Change Form**

Please forward completed form electronically to [gradschl@unb.ca](mailto:gradschl@unb.ca)

Student Name:  Student ID#:

Program:  Campus:

Term of Change: Fall  Winter  Summer  Year:

Status: Full-Time  Part-Time

Course	Title	Extra	or	Audit	Add	or	Drop	Instructor's Signature
Eg. ED6025	FRE1A	INTRO TO SUPERVISION II	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

**Notes:**

- Authorizing signatures from instructors as well as the Director of Graduate Studies in your Graduate Academic Unit (GAU) are required for undergraduate courses, courses for Audit or Extra, and late course adds/drops.
- "EXTRA": course excluded from your grade point average and program requirements but a grade will be assigned.
- "AUDIT": course in which no grade or credit is assigned.
- Status change from part-time or full-time will not occur unless approved by your GAU & the School of Graduate Studies. If you wish to change your status, please complete a "Request for Change of Student's Status (full-time/part-time) form" and submit to your GAU for approval.

Student's acknowledgement: I acknowledge that the information on this form is correct and that I have selected courses in accordance with procedures outlined in the Graduate Calendar or by the GAU.

\_\_\_\_\_  
Student's Signature

Date:

  

\_\_\_\_\_  
Director of Graduate Studies' Signature

Date:

  

\_\_\_\_\_  
School of Graduate Studies Signature

Date: