



FOR INTERNAL USE ONLY  
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FILL IN THIS FORM DIGITALLY, SAVE A COPY TO YOUR COMPUTER, AND PRINT A COPY FOR SUBMISSION.

**STUDENT INFORMATION**

Name \_\_\_\_\_ SFU student number \_\_\_\_\_

An academic program has a:

**FACULTY**, one of 8 (Applied Sciences; Arts and Social Sciences; Beedie School of Business; Communication, Art and Technology; Education; Environment; Health Sciences; Science), and a

**PROGRAM** (e.g. BA, BASc, BBA, BEd, BFA, BGS, BSc) and a

**PLAN** (e.g. honours, joint honours, major, joint major, extended minor, minor), and a

**SUBPLAN** (e.g. concentration, co-operative education).

**ADMIT TERM** is the term the student is admitted or readmitted to the new program: can be the current term or a future term.

**REQUIREMENT TERM** refers to the Calendar requirements for completion of requirements for graduation for the Program/Plan. This is usually the same as the Admit Term, but can be a prior term, for example (a) when a student is reactivated; or (b) when a student is admitted to a new program keeping the same Requirement Term as the original uncompleted program.

**NEW FACULTY AND PROGRAM APPROVAL**

	Admit term	Requirement term	Approved by:	Date
Faculty _____	_____	_____	_____	_____
Program _____	_____	_____	_____	_____

List the **current** plan(s) and subplan(s) you would like moved to this new faculty/program.

Program plan \_\_\_\_\_ Program plan \_\_\_\_\_  
Program subplan \_\_\_\_\_ Program subplan \_\_\_\_\_

**SUBJECT/PLAN APPROVAL**

Examples: chemistry major, dance extended minor, humanities/English joint major, etc.

	Term effective	Approved by:	Date
Program plan _____	_____	_____	_____
Program plan _____	_____	_____	_____
Program plan _____	_____	_____	_____
Program plan _____	_____	_____	_____
Program subplan _____	_____	_____	_____
Program subplan _____	_____	_____	_____

**PROGRAM WITHDRAWAL**

Be sure to indicate Faculty, programs and/or plans that are no longer active. You do not require approval to withdraw from a Faculty, program and/or plan. Changes will appear on your unofficial academic record.

	Term effective	Term effective
Faculty _____	_____	_____
Program _____	_____	_____

**FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY**

The information on this form is collected under the authority of the University Act (RSBC 1996 c.468 s27[4a]). This information is needed, and will be used, to decide upon your appeal. If you have any questions about the collection and use of this information contact the Associate Registrar, Information, Records and Registration, 778.782.3296.

Student signature \_\_\_\_\_ Date \_\_\_\_\_