



University of Victoria
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Graduate Course Change Form Faculty of Graduate Studies

Please submit to Graduate Admissions and Records,
University Centre A206

Student Number: V00 _____

Student Name _____

Home Department _____

Current Program _____

Email Address _____

PLEASE NOTE:

- Adding or dropping courses after the published deadlines requires permission from the Faculty of Graduate Studies. A \$35 late registration fee will be assessed.
- This form is to be used only for changes which are not available through the web registration system.
- Students may register in courses which are not part of the formal requirements of their graduate program if the courses will contribute to their research or provide background for the program and have been approved by the student's supervisor or graduate advisor and the Faculty of Graduate Studies.
- Deadlines: Please consult the [Graduate Academic Calendar](#) under "General Info" and "Academic Year Important Dates." Deadlines for fee refunds differ from deadlines for dropping without academic penalty.
- Changes from credit to audit or vice versa cannot be made past the last day to add courses for the term.
- Graduate students will not be waitlisted; an instructor's signature overrides any waitlist, and the student will be registered in the course.

Course Change Request Information							To be completed by Instructor(s)	
DEPT	COURSE NO.	SECTION NO.	UNIT VALUE	TERM	CRN	ADD / DROP	INSTRUCTOR NAME	INSTRUCTOR SIGNATURE*

*Graduate students may not teach graduate courses or grade the work of other graduate students

- Is this course **replacing a core course requirement**? Yes No
- Which **program requirement** will this course satisfy/replace? _____
- Check if you are requesting a **personal leave** for Sep-Dec Jan-Apr May-Aug
 - If you are requesting a **personal leave**, please indicate whether you are the recipient of scholarship, fellowship or award funding (not including teaching or research assistantships) Yes No

ALL REQUESTS MUST INCLUDE SUPPORTING REMARKS:

Student Signature _____

Date _____

Faculty of Graduate Studies _____

Date _____

Supervisor/Graduate Advisor* Signature and Name _____

Date _____

*Signature of Graduate Advisor required if requesting a change to a core course requirement