



BCOMM CHANGE TO PROGRAM REQUIREMENT TERM FORM

To be completed by student:

Full Legal Name: _____ UCID Number: _____

Are you graduating this year? No Yes If yes, when (term/year) _____

Concentration: _____

I understand that I am giving permission to the Haskayne Undergraduate Office **to change my program to the Fall 2019 BComm program requirements.**

Student Signature: _____ Date: _____

Please email this form to undergraduate@haskayne.ucalgary.ca or return in person to SH343.

To be completed by program specialist:

Student Program Information		Processing	
AR overrides: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Requirement term changed <input type="checkbox"/>	Quick-E sent <input type="checkbox"/>
Will this change affect concentration requirements? _____	Yes <input type="checkbox"/> No <input type="checkbox"/>	Form synergized <input type="checkbox"/>	

Program Specialist signature: _____ Date: _____