

Graduate Studies - Change in Program/Supervisor

School of Graduate and Postdoctoral Studies Ontario Tech University 2000 Simcoe Street North, Oshawa, ON L1G 0C5 905.721.8668 ext. 6209 905.721.3062 (fax) ontariotechu.ca/gradstudies gradstudies@ontariotechu.ca

WHAT?	WHAT? This form is used for graduate students seeking to change their academic program, declare a concentration, or change their supervisor. Please be advised that a change in program may not lead to the transfer of internal/external funding from the prior program of study.									
WHO?	The form must be signed by the prior supervisor, new supervisor, Graduate Program Director, and then submitted to SGPS for review, approval and processing.									
WHEN?	The length of time for requests to be processed is dependent on the nature of the change and the Faculty involved.									
Last Name	Last Name				First Name			Student Number		
Ontariotechu.net Email Address				Admission Term (e.g.: Fall 2023)			Effective Term			
Former Prog	gram/Supervis	or:				Prior Funding An	nount: If you h	ave not received fund	ding, please enter N/A	
Former progra	Former program name (eg: M.Eng. Nuclear Eng.):				TAship (per annum)			GRA (per annum)		
Name of former supervisor (if applicable):				RAship (per annum)				Scholarship (per annum)		
Name of former co-supervisor (if applicable):				Total Funding (per annum)						
New Program/Supervisor:				No Change to Prior Funding						
New program name (eg: M.Eng. Nuclear Eng.):				New Funding Amount: If you will not receive funding, please enter N/A						
Name of new supervisor (if applicable):						Start Term TAship		End Term GRA		
Name of new o	Name of new co-supervisor (if applicable):					(per annum) RA Ship (per annum)		(per annum) Scholarship (per annum)		
Reason for change:				Total Funding (per annum)						
Student's Signatu	ıre			Date						
reference to supe this form the stud Conditions docun	rvisor in the offe ent accepts the nent. The terms	er of admission. The revised funding an and conditions of	nis funding is s d acknowledg employment f	subject to the term: jes they have read	s and conditions and understood ants and Resea	n the prior supervisor outlined in the GS Fo the terms and condit rch Assistants at Onta	unding Terms ions as outlir	s and Conditions do ned in the GS Fundi	cument. By signing [.] ng Terms and	
To be comple Approved	eted by the Prio	or Supervisor, De Approved	clared Super	visor/Co Supervis	sor (if applicabl	e), Graduate Progra	m Director a	and Dean of Gradu Approved	ate Studies Declined	
	Supervisor Signature S_ Declared Supervisor Signature S_		or Signature	S		SGraduate Program Director Sig. s		SSGPS Approval - Signature		
S Date				 Date		S Date		S Date		
FOR SGPS USE ONLY: Processed by:				gnature		Date				