

REQUEST FOR CHANGE OF PROGRAM AND/OR CONCENTRATION

(DO NOT WRITE IN THE SHADED AREA)

SURNAME	GIVEN NAME(S)	STUDENT NO.										
PROGRAM OF STUDIES I AM PRESENTLY REGISTERED ▾		E-MAIL (UNIV. OF OTTAWA) @uOttawa.ca										
CHANGE REQUESTED												
TERM ▾	FALL WINTER SPRING / SUMMER	YEAR:										
		PREFERRED LANGUAGE OF INSTRUCTION FRENCH ENGLISH										
		CLASSIFICATION FULL-TIME PART-TIME										
<p>1. PLEASE SELECT YOUR CHOICE OF PROGRAM</p> <p style="margin-left: 40px;">COURSE-BASED PROGRAM (MEd)¹ RESEARCH-BASED PROGRAM (MA[Ed])*</p> <p style="margin-left: 40px;">MAJOR RESEARCH PAPER PROGRAM (MEd)*</p> <p>2. PLEASE SELECT YOUR CHOICE OF CONCENTRATION (FOR COUNSELLING PSYCHOLOGY, YOU MUST SUBMIT A NEW APPLICATION FOR ADMISSION)</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 5px;">STUDIES IN TEACHING AND LEARNING ONLINE OPTION</td> <td style="width:50%; padding: 5px;">LEADERSHIP, EVALUATION, CURRICULUM AND POLICY STUDIES HEALTH PROFESSIONS EDUCATION²</td> </tr> <tr> <td style="padding: 5px;">SECOND LANGUAGE EDUCATION ONLINE OPTION</td> <td style="padding: 5px;">ONLINE OPTION SOCIETIES, CULTURES AND LANGUAGES</td> </tr> </table> <p>3. JUSTIFICATION (MANDATORY) ADDITIONAL PAGES PERMITTED</p> <p>* REQUIRED DOCUMENTS</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; padding: 5px;">• TWO CONFIDENTIAL LETTERS OF RECOMMENDATION</td> <td style="width:50%; padding: 5px;">• ¹RESUME (MEd ONLY)</td> </tr> <tr> <td style="padding: 5px;">• STATEMENT (3-4 PAGES) STATING RESEARCH INTERESTS</td> <td style="padding: 5px;">• ²STATEMENT OF TEACHING EXPERIENCE</td> </tr> <tr> <td style="padding: 5px;">• CONFIRMATION OF ACCEPTANCE OF THE POTENTIAL SUPERVISOR</td> <td></td> </tr> </table>			STUDIES IN TEACHING AND LEARNING ONLINE OPTION	LEADERSHIP, EVALUATION, CURRICULUM AND POLICY STUDIES HEALTH PROFESSIONS EDUCATION ²	SECOND LANGUAGE EDUCATION ONLINE OPTION	ONLINE OPTION SOCIETIES, CULTURES AND LANGUAGES	• TWO CONFIDENTIAL LETTERS OF RECOMMENDATION	• ¹ RESUME (MEd ONLY)	• STATEMENT (3-4 PAGES) STATING RESEARCH INTERESTS	• ² STATEMENT OF TEACHING EXPERIENCE	• CONFIRMATION OF ACCEPTANCE OF THE POTENTIAL SUPERVISOR	
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FOR FACULTY USE ONLY		
<input type="checkbox"/> ACCEPTED	OLD ACADEMIC PLAN: _____	ENTERED IN uoCAMPUS: _____
	NEW ACADEMIC PLAN: _____	INIT.: _____
<input type="checkbox"/> NOT ACCEPTED	MRP / THESIS SUPERVISOR: _____	COND.: _____
	TIME LIMIT: _____	
COMMENTS: _____ _____		
<hr style="width: 80%; margin: 0 auto;"/> <div style="display: flex; justify-content: space-around; width: 80%; margin: 0 auto;"> DATE SIGNATURE (PROGRAM DIRECTOR) </div>		