\*THIS REQUEST MUST BE SUBMITTED BY THE STUDENT USING A SERVICE REQUEST (MODIFICATION OR CANCELLATION OF REGISTRATION) VIA <u>UOZONE</u> ACCOUNT.
PLEASE REFER TO <u>Academic Regulation II-2 – Graduate Program Requirements</u>

CURNIANE		5	TUDENT IDENTIFICATION			
SURNAME		GIVEN NAMES			STUDENT NUMBER	
FAAAU		ACADEA II C. III II I	INC			
EMAIL		ACADEMIC UNIT/DISCIPL	INE	DIPL	ома [	MASTER'S PH.D.
THIS REQUEST APPLIES TO THE FOLLOWING TERM				YEAR		
	☐ FALL	☐ WINTE	R SPRING/SUMMER			
SUBSTITUTION OF REQUIRED COUP requirement. Any substitution to the off Faculty of Health Sciences.			y of Ottawa during the program and rec ceptional and must receive approval fro			
			also be submitted in the service rec			
Course to be substituted (course code, title and official description).		· ·	Replacement course (course code, title and official description).		or substitution	
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<b>EQUIVALENCIES</b> Course taken at an otherwise stated in a specific program's be submitted. Note that equivalencies of the University of Ottawa.	regulations,	50% of program req		cies. Official course s	yllabus an	nd official transcript must
Institution	_					
.iistication	Term	Course Code	Course Title		Mark	Equivalent Course and
institution .	Term	Course Code	Course Title		Mark	Equivalent Course and Credits at Univ. of Ottawa
	Term	Course Code	Course Title		Mark	
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RETAINED COURSE UNITS Graduate in extra courses not recognized as part of	e courses take	n at the University on. Unless otherwis	of Ottawa prior to admission to the proges e stated in a specific program's own reg		cial studer	Credits at Univ. of Ottawa
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