

Notice of Collection of Personal Information

In accordance with the *Freedom of Information and Protection of Privacy Act* of Ontario and with Uni-versity Policy 90, your personal information is collected under the authority of the *University of Ottawa Act*, 1965. Your personal information provided on this form will be used by the University for purposes consistent with the admission, registration and evaluation of your program change request. If you have questions about the collection, use and disclosure of your personal information in this notice, please contact InfoService at 613-562-5630 or infoservice@uOttawa.ca.

Program Change Request (Con't)

LAST NAME	FIRST NAME	STUDENT NUMBER
EMAIL ADDRESS		
@uOttawa.ca		

C) SECOND STUDY MODULE

I AM **NOT REQUESTING** ANY CHANGES TO MY SECOND STUDY MODULE **OR** THIS DOES NOT APPLY TO MY PROGRAM OF STUDY.

	CURRENT PROGRAM	PROGRAM REQUESTED
DISCIPLINE	<input type="checkbox"/> NONE	<input type="checkbox"/> I DON'T WANT A SECOND STUDY MODULE.
TYPE OF SPECIALIZATION	<input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> NONE	<input type="checkbox"/> MAJOR <input type="checkbox"/> MINOR <input type="checkbox"/> I DON'T WANT A SECOND STUDY MODULE.

_____ DATE _____ SIGNATURE (STUDENT)

FOR ACADEMIC UNIT ONLY		
NAME (BLOCK LETTERS)	DATE	SIGNATURE (ACADEMIC UNIT)