# Academic Plan Change Request

**Please print NEATLY. Please ensure that ALL sections of the form are completed.**

| Personal Information |  |
|----------------------|-----------------
| Surname:             | Given Name:    |
| Current Academic Plan: | Current Sub-plan (if applicable): |
| NetID:               | Student Signature: |

Personal information collected on this form is collected under the authority of the Royal Charter of 1841, as amended. The information collected on this form may be retained in the student’s file, will be used to process this request, and will be shared with Queen’s personnel who need the information to perform their duties. If you have any questions about the information collected or how it will be used, please contact the Freedom of Information and Protection of Privacy Coordinator, Faculty of Engineering and Applied Science, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.

**PLEASE NOTE:** All requests for an Academic Plan change are considered by the Associate Dean (Academic) on a first-come, first-served basis. Approval to change your Academic Plan will only be granted if space is available in your desired Academic Plan. Additionally, please be advised that if you do not meet the First Year course prerequisite requirements for your desired Academic Plan, your request to change your Academic Plan may be denied.

<table>
<thead>
<tr>
<th>Proposed Academic Plan and Sub-plan (if applicable):</th>
<th>Start term of proposed plan change:</th>
<th>Year of study in new plan:</th>
</tr>
</thead>
</table>

Please provide the rationale for your request in the space below:

**New Undergraduate Chair/Academic Advisor:** Do you support this request?  
☐ Yes  ☐ No

Is there room in your program for this student?  
☐ Yes  ☐ No

Further Comments:

Signature of New Undergraduate Chair:  
Date:

Signature of New Undergraduate Program Assistant:  
Date:

| For Faculty Office Use Only |  |
|-----------------------------|-----------------
| ☐ Approved                  | Comments:       |
| ☐ Denied                    |                |

Associate Dean (Academic) Signature:  
Date:

Letter of Decision sent:  
☐ Yes  ☐ No

Change entered in SOLUS:  
Date:  By:

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For office use only:

<table>
<thead>
<tr>
<th>Plan Tranferred from:</th>
<th>Plan Tranferred to:</th>
<th>ECGPA at time of application:</th>
<th>Date of application received:</th>
</tr>
</thead>
</table>

Y:\Forms\AcademicPlanChangeRequest  
Last Updated: November 24, 2014