NOTE: This form is applicable only for students who are completing a degree at Grenfell Campus or a BN degree at Western Regional School of Nursing.

Student Number ______________________________________ Surname ___________________________________________ Given Name(s) _______________________________________

Local Address ___________________________________________________________ Postal Code ___________________________

Telephone Number____________________________ Email Address __________________________________________________________

☐ Mail audit to address above ☐ Pick up at Registrar’s Office

ACADEMIC PROGRAMME INFORMATION

DEGREE: Indicate year of Calendar regulations followed: ______

BA ☐ Bachelor of Arts
☐ General ☐ Honours

MAJOR:
☐ ENGLISH ☐ ENVIRONMENTAL STUDIES ☐ HISTORICAL STUDIES
☐ ENVIRONMENTAL STUDIES (Indicate area of concentration)
☐ HUMANITIES ☐ PSYCHOLOGY ☐ SOCIAL/CULTURAL STUDIES ☐ TOURISM
☐ General Literature (Indicate area of concentration)
☐ Environmental Perspectives ☐ Outdoor Environmental Pursuits
☐ Combined concentration
☐ Humanities ☐ Psychology ☐ Social/Cultural Studies ☐ Tourism

 Minor (if required)

☐ Bachelor of Business Administration Concentration: ______________________________________

☐ Bachelor of Fine Arts (Theatre)

☐ Bachelor of Fine Arts (Visual Arts)

☐ Bachelor of Resource Management

B.Sc. ☐ Bachelor of Science
☐ General ☐ Honours

MAJOR:
☐ ENVIRONMENTAL SCIENCE-BIOLOGY ☐ GENERAL SCIENCE ☐ PSYCHOLOGY
☐ ENVIRONMENTAL SCIENCE-CHEMISTRY ☐ PHYSICS ☐ COMPUTATIONAL MATHEMATICS

☐ Bachelor of Nursing (Western Regional School of Nursing) ☐ 4 year Option ☐ Fast Track Option

________________________________________________________________________

Date ______________________________ Student Signature __________________________

(Revised August 2013)