

# Academic Plan Change Request

**Fillable Form. Please ensure that ALL sections of the form are completed.**

Smith Engineering

Submit the completed form to the

Faculty Office by email:

engineering.reception@queensu.ca

Deadline: July 15th for Fall term, November 15th for Winter term

Late Deadline: August 15th for Fall term, December 15th for Winter term

**IMPORTANT INFORMATION (PLEASE READ):**

- Please note that free discipline choice is only guaranteed during the February/March discipline selection period. Programs that are full following this period will not be accepting academic plan change requests (discipline transfers).
- A student in good academic standing may switch OUT of any program, but may only switch IN to a program which is not at capacity, and upon approval by the department and the Associate Dean (Academic).
- All requests for an Academic Plan change must be submitted to Smith Engineering Faculty Office, Student Services, BMH 300, for consideration by the Associate Dean (Academic).
- Please be advised that students must meet the minimum requirements (including prerequisites) of their requested Academic Plan to be considered for discipline transfer.
- **NOTE:** Students submitting after July 15th for the Fall or November 15th for the Winter, must submit by the Late Deadlines listed above. A fee of \$60 must accompany the late form. Credit card payments can be made on-line at <http://forms.engineering.queensu.ca>

<b>Personal Information</b>	First Name:	Last Name:	Student Number:
	Current Academic Plan:	Current Sub-plan (if applicable):	Year of study (1st, 2nd, 3rd or 4th):
	NetID:	Student Signature:	Date:

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, Smith Engineering, Beamish-Munro Hall, Rm 300, or phone 613-533-2055.

<b>TO BE COMPLETED BY STUDENTS WHO HAVE COMPLETED THE COMMON 1ST YEAR OF STUDIES (PRIOR TO ENROLMENT IN UPPER YEAR)</b>	
<b>Requested Program Change:</b> In the spaces provided below, please provide your top <u>three</u> choices for your requested program change:	
<b>Choice 1:</b> Academic Plan:	Academic Sub-Plan (if applicable):
<b>Choice 2:</b> Academic Plan:	Academic Sub-Plan (if applicable):
<b>Choice 3:</b> Academic Plan:	Academic Sub-Plan (if applicable):

<b>TO BE COMPLETED BY STUDENTS CURRENTLY REGISTERED IN 2-4 YEAR.</b>		
<b><u>IMPORTANT INFORMATION (PLEASE READ)</u></b>		
<ul style="list-style-type: none"> <li>• As a general guideline, students should be aware that if they have successfully completed second year in another program, upon transferring they will probably require at least an extra term to complete their degrees. If they have successfully completed the third year in another program, they will probably require an extra year to complete their degrees.</li> <li>• Prior to submitting the Academic Plan Change Form, students must receive academic advice and signature from their Undergraduate Chair or other advisor in the department that they want to transfer to.</li> <li>• The UG Chair or advisor signature confirms that the student has received academic advice and meets the minimum requirements of the program. It does not guarantee that there will be space available, or that the transfer will be approved."</li> </ul>		
<b>Requested Program Change:</b> In the spaces provided below, please provide your top <u>three</u> choices for your requested program change:		
<b>Choice 1:</b> Academic Plan:	Academic Sub-Plan (if applicable):	Department Signature (if applicable):
<b>Choice 2:</b> Academic Plan:	Academic Sub-Plan (if applicable):	Department Signature (if applicable):
<b>Choice 3:</b> Academic Plan:	Academic Sub-Plan (if applicable):	Department Signature (if applicable):

	<p><b>Rationale:</b> In the space provided below, please provide your rationale for wanting to leave your current program:</p>
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<b>For Faculty Office Use Only</b>	Approved Academic Plan/Sub-Plan:	
	Proposed Start Date in New Plan:	Year of Study in New Plan:
	Associate Dean (Academic) Signature:	Date:
	Letter of Decision sent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Change entered in SOLUS: Date: _____ By: _____