



Student Information:										
Last Name:				First Name:						
Student Number:	A						Email:			
Application For:	Honours Honours Equivalency			Anticipated Start Date:						
Subject:				Program:						
Student Signature:				Date:						

Review of Application by Department:				
Approved		Not Approved		
Name:			Signature:	
Supervisor (If Applicable)			Date:	
Comments:				

Review of Application by Academic Advising Office:				
Approved		Not Approved		
Name:			Signature:	
Date:				
Comments:				

Office of the Registrar Use Only:	
Date Received:	
Updated By:	
Date Student Notified:	