

UNIVERSITY COLLEGE UC ACADEMIC ADVISING & REGISTRAR'S OFFICE DEGREE REQUEST/CANCELLATION

| To Be Completed by Student: | |
|---|--|
| Last Name: | First Name: |
| UofT Student Number: | Current Telephone Number: |
| Email | _ @ mail.utoronto.ca |
| **Please make sure your full name, email and mailing address a | are correct on ACORN** |
| Please Select One: | |
| I wish to graduate in June / November (year) | ar) |
| I wish to cancel my request to graduate in June(year) | / November(year) |
| Please Select Degree Requested: | |
| Honours Bachelor of Arts (HBA) | |
| Honours Bachelor of Science (HBSC) | |
| Bachelor of Commerce (BCOM) | |
| I wish to upgrade my BA (3-year degree) to the Honours (| (4-year degree) |
| I wish to upgrade my BSC (3-year degree) to the Honours (4-year degree) | |
| Please list your Specialist/Major or Minor Program(s): | |
| to fulfill all their program and degree requirements as outlined in the Faculty of The University of Toronto respects your privacy. Personal information that you Toronto Act, 1971. It is collected for the purpose of administering admissions, student societies, financial assistance and awards, graduation and university adtimes it will be protected in accordance with the <i>Freedom of Information and P</i> | a provide to the University is collected pursuant to section 2(14) of the University of registration, academic programs, university-related student activities, activities of vancement, and for the purpose of statistical reporting to government agencies. At all |
| Student's Signature | Date |
| To Be Completed by UC staff | |
| Processed by: Date: | Program(s): |
| Notes: | |
| On ACORN: DG Requirements Checked: Program | Enrolment Verified: Initials: |