

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.u	itoronto.ca
Please make sure your full name, email and mailing address are correct	t on ACORN
Please Select One:	
I wish to graduate in Spring / Fall (year) (year)	
I wish to cancel my request to graduate in Spring / Fall (year)	(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):	
IMPORTANT NOTE: Although Registrar's Offices and program departments are here to to fulfill all their program and degree requirements as outlined in the Faculty of Arts & Scie The University of Toronto respects your privacy. Personal information that you provide to Toronto Act, 1971. It is collected for the purpose of administering admissions, registration student societies, financial assistance and awards, graduation and university advancement, a times it will be protected in accordance with the <i>Freedom of Information and Protection of</i> www.utoronto.ca/privacy or contact the University Freedom of Information and Protection 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.	ence Calendar and on Degree Explorer. the University is collected pursuant to section 2(14) of the University of academic programs, university-related student activities, activities of and for the purpose of statistical reporting to government agencies. At all <i>Privacy Act.</i> If you have questions, please refer to
Student's Signature E	Date
To Be Completed by UC staff	
Processed by: Date:	Program(s):
Notes:	
On ACORN: DG Requirements Checked: Program Enrolmen	t Verified: Initials: