

4XHHQ¶V 8QLYHUVLV\
Department of History
Masters
Change Request - Pattern II to Pattern I

Student Name		Student #	
Supervisor			

Project Title (Please include a one-page description of your proposed project)	
Reason for requesting switch	

Have you or do you plan to submit a SSHRC application?

Can your research project be completed by April 30, 2025?

Student Signature

Date

Supervisor Approval

Supervisor Signature

Date

Graduate Chair Approval

Graduate Chair

Date