UNIVERSITY OF WATERLOO

OFFICE OF THE REGISTRAR
Waterloo, Ontario, Canada N2L 3G1
519-888-4567, ext. 35378 | fax 519-746-2882 | www.registrar.uwaterloo.ca

Plan Modification/Application for Internal Transfer Form

Instructions
1. **Print in block capital letters** unless a square (▣) is required.
2. Sign and date the form below.
3. Attach a résumé of your work experience if you are applying for a Co-op Plan and were not previously registered in Co-op.
4. Make a copy for your records, and submit the original Plan Modification/Application for Internal Transfer Form and résumé (if applicable) to the Office of the Registrar.

Note: Normal processing time is 2 weeks, but may be subject to a review of your most recent academic performance.

Please select one as appropriate: ☐ Plan Modification ☐ Application for Internal Transfer, e.g., Faculty transfers (complete pages 1 and 2)

uWaterloo Student ID Number	Surname
Given Name(s)	Email
Mailing Address Street	Home Phone
City / Province / Postal Code	Business Phone

Requested Academic Information – Include all majors, minors, options, and specializations under Current and Requested Academic Plans.

Current Academic Plan	**Academic Program**	☐ Honours ☐ 4-Year General ☐ 3-Year General ☐ Non-degree/Post-degree ☐ Exchange
	Form of Study	☐ Regular ☐ Co-op ☐ **Online**
	Campus	☐ UW ☐ STJ ☐ REN ☐ UAE
Requested Academic Plan	**Academic Program**	☐ Honours ☐ 4-Year General ☐ 3-Year General ☐ Non-degree/Post-degree ☐ Exchange
	Form of Study	☐ Regular ☐ Co-op ☐ **Online**
	Campus	☐ UW ☐ STJ ☐ REN ☐ UAE
	Start Term	☐ Fall ☐ Winter ☐ Spring Year _____

Reason for Request – Indicate your academic interests in the Requested Plan and explain the reasons for changing your Plan. Attach additional pages as necessary.

Student Signature _____ Date _____

Reset

Plan Modification Approvals – See overleaf for Internal Transfer Approvals

☐ Admit ☐ Refuse

Only where changes are required, indicate the Undergraduate Calendar regulations to be followed for the requested plan modification above.

Academic Program Type Calendar Year (e.g., 2010-2011) _____ Academic Plan Calendar Year (e.g., 2010-2011) _____

Options/Minors Calendar Year (e.g., 2010-2011) _____

Comments _____

Department Approval Name	Signature	Extension Number	Date
Co-operative Education and Career Services Approval Name (if applicable)	Signature	Extension Number	Date

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Internal Transfer Form

Please print clearly.

☐ Admitted to _____

Academic Level (e.g., 2B) _____

Only where changes are required, indicate the Undergraduate Calendar regulations to be followed for the requested internal transfer.

Academic Program Calendar Year (e.g., 2010-2011)_____ Academic Plan Calendar Year (e.g., 2010-2011) _____

Options/Minors Calendar Year (e.g., 2010-2011) _____

☐ Refused ☐ Defer ☐ Refer to_____

Courses required by admitting department. ☐ Select if Quest enrolment access denied for student (courses to be entered by the Registrar's Office)

Primary Meet Class No. (4 char.)	Subject	Catalog Number	Primary Meet Section No. (3 char.)	Class Number for Related 1 (4 char.)	Related 1 Section Number (3 char.)	Class Number for Related 2 (4 char.)	Related 2 Section Number (3 char.)	Enrolment Session (Regular/ Online)	Grading Basis (e.g., AUD, NGP, XTR)	Requirement Designation (e.g., XTRA)

Admitting Officer Approvals (include names, signatures, dates, and extension numbers for Joint Programs)

Name	Signature	Date	Extension Number
Name	Signature	Date	Extension Number

Co-operative Education and Career Services Approval (if applicable)

Name	Signature	Date	Extension Number