



**NOTE:**

**This form is applicable only for students who are completing a degree at Sir Wilfred Grenfell College or a BN degree at Western Regional School of Nursing.**

Student Number _____	Surname _____	Given Name(s) _____
Local Address _____	Postal Code _____	
Telephone Number _____	Email address _____	
<input type="checkbox"/> Mail audit to address above <input type="checkbox"/> Pick up at Registrar's Office		

**ACADEMIC PROGRAMME INFORMATION**

**DEGREE:** \_\_\_\_\_ **Indicate year of Calendar regulations followed:** \_\_\_\_\_

BA  Bachelor of Arts (SWGC)

General  Honours

**MAJOR:**

ENGLISH

(Indicate area of concentration)

Dramatic Literature

Canadian Literature

Modern Literature

Combined concentration

ENVIRONMENTAL STUDIES

(Indicate area of concentration)

Environmental Perspectives

Outdoor Environmental Pursuits

HISTORICAL STUDIES

HUMANITIES

PSYCHOLOGY

SOCIAL/CULTURAL STUDIES

TOURISM

Minor (if required) \_\_\_\_\_

Bachelor of Business Administration

Concentration: \_\_\_\_\_

Bachelor of Fine Arts (Theatre)

Bachelor of Fine Arts (Visual Arts)

Bachelor of Resource Management

B.Sc.  Bachelor of Science (SWGC)

General  Honours

**MAJOR:**

ENVIRONMENTAL SCIENCE-BIOLOGY

GENERAL SCIENCE

PSYCHOLOGY

ENVIRONMENTAL SCIENCE-CHEMISTRY

Bachelor of Nursing (Western Regional School of Nursing)

Date \_\_\_\_\_

Student Signature \_\_\_\_\_