

Office of the Registrar

3377 Bayview Avenue, Toronto, ON, M2M 3S4

Tel: 416.226.6620 ext.6711 • Email: registration@tyndale.ca

Webpage: www.tyndale.ca/registrar

Full legal name: _____ Student ID: _____

Email: _____ Daytime Phone: _____

**If your mailing address has changed, please see www.tyndale.ca/registrar/update-info.*

	Current Program	Requested Program
Degree		
Major(s)		
Minor(s)		
Focus/Track/ Concentration		

Reason: _____

STUDENT'S SIGNATURE:	Date:
Signature from Student Financial Services (for government loan recipients only)	Date:

Students switching to the BRE Modular/DCP, BA Psychology DCP, BA Music, or adding the Music and Worship Arts Minor must obtain the signature of the Department Chair:

Name and Signature of Department Chair for Music Program or Modular Program (see below)	Date:
<div> <div>_____</div> <div>Print Name</div> </div> <div> <div>_____</div> <div>Signature</div> </div>	

It is the responsibility of the student to secure all signatures.

Department Chair for Music Program:

BA Music	Dr. Ken Mitchell
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Department Chairs for Modular Programs:

BRE Modular & DCP	Dr. Daniel Scott
BA Psychology DCP	Dr. Nancy Ross

- BA Honours and BBA Honours programs: see the Dean of Undergraduate Studies Office for the application.
- If applicable, results of transfer credit re-evaluation will be sent to the student after change of program is processed.

OFFICE OF THE REGISTRAR'S USE ONLY:

Received by:	Date:	Notified:	Date:
Holds/Notes:		J1 Updated:	Date:
Approved by:	Date:	Spreadsheet Updated:	Date: