COURSE REPLACEMENT FORM

*To be completed by student

STUDENT NAME: ____________________________________________

STUDENT NUMBER: _________________________________________

Proposed course name: _______________________________________

Proposed course code: _______________________________________

Department: _______________________________________________

Please note that only MMG1016H can be replaced by courses taken in other departments.

_________________________________________________________
Student's signature                                      Date

_________________________________________________________
Supervisor's signature                                   Date


*To be completed by Department

The above course may replace:

___ 2 MMG Topics

_________________________________________________________
Graduate Coordinator’s signature                          Date