



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