



# Interdepartmental Request Form

200 KING ST. (MAIN FLOOR), TORONTO, ONTARIO, CANADA M5A 3W8 [www.georgebrown.ca](http://www.georgebrown.ca)  
Ext: 2115 Fax: 416 415 2120 email: [intl admissions@georgebrown.ca](mailto:intladmissions@georgebrown.ca)

<b>Name</b>	Last Name	First Name	
<b>Student ID Number</b>			
<b>Current Address</b>			
<b>E-Mail</b>			
<b>Telephone Number</b>			
<b>Program Name</b>			
<b>When Program Started</b>		<b>Program Code</b>	

## Requested Details

To Department \_\_\_\_\_



- ☐ Academic advising, remove hold, if applicable  
☐ Certify by when student is eligible to graduate  
☐ Others \_\_\_\_\_  
\_\_\_\_\_

Approval for re-admission to program



- ☐ To which semester \_\_\_\_\_  
☐ To which academic term \_\_\_\_\_  
☐ Certify student is eligible for co-op letter

## Outstanding Course



- ☐ How many courses remaining? \_\_\_\_\_  
☐ Which term will courses be offered \_\_\_\_\_  
☐ Expected program completion date \_\_\_\_\_

## Comment From the Department

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
NAME IN PRINT

Phone Ext. \_\_\_\_\_