

### Academic Continuity Form

This form documents changes to your academic milestones due to extraneous circumstances.

Student Full Name:			
Student Number:		Degree Start Date:	
Supervisor(s):			

*Nature of Changes to Approved Program Milestone, Timeline, & Reason*

*Consultation Process*

Please note for changes to approved Master's and Dissertation proposals, you should seek consultation and approval from your supervisor, supervisory committee, and Graduate Chair/DCT and describe that below.



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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-supervisor Signature (if needed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Chair/DCT Signature

\_\_\_\_\_  
Date