## Queen's University Department of History Masters Change Request - Pattern II to Pattern I

Student Name				Student #		
Supervisor						
Project Title (Please includ page descripti proposed proje Reason for requesting s	e a one- on of your ect					
Have you or	do you pla	an to submit a	SSHRC ap	plication?		
	Ye	S	No			
Can your research project be completed by April 30, 2025?						
	Y	es	No			
Student Sign	ature			Date		
Supervisor Approval						
Supervisor S	ignature			Date		
Graduate Chair Approval						