



This form with appropriate signatures and the \$ 25 application fee must be returned to the Office of Graduate Studies. Note: Financial circumstances alone are not grounds for a change from full-time to part-time status.

Students who at any time cease to meet all of the criteria for full-time status (please see Graduate Calendar for definition of full-time status), but are in good standing and wish to continue with their studies, must change to part-time status.

Graduate students requesting "part-time" status:

- (i) must be those employed on a full- or part-time basis (requiring a letter from their employer(s) to indicate a minimum 20 hour work week); or
- (ii) must be those unable to attend on a full-time basis because of documented circumstances or responsibilities (e.g., disability).
- (iii) may not register in more than one full-credit course or equivalent per year.
- (iv) must note that **two** years of part-time study shall be deemed equivalent to **one** year of full-time.
- (v) must note that upon changing to part-time status the student loses his/her interest-free status, and must begin to pay back any student loans accrued.

_____ **I understand the time limits whereby I have 3 years full-time/5 years part-time to complete a Master's Initial Degree, and 5 years full-time/9 years part-time to complete a Doctorate.**

Student Name _____ Student Number _____

Program _____ Supervisor _____

Note: Financial circumstances alone are not grounds for a change from full-time to part-time status. (e.g. the student has gone beyond the eligible funding period but has not finished the requirements for the degree). Requests for change of status are made effective from the start of the next term. Requests will not be approved retroactively.

REQUEST TO CHANGE FROM FULL-TIME TO PART-TIME STATUS

Effective: Fall 20____(yr) Winter 20____(yr) Summer 20____(yr)

BASIS

- employment on a full- or part-time basis (requiring an official letter** on letterhead from their employer(s) to indicate a minimum 20 hour work week); or
- Family, medical or other circumstances that make it impossible for the student to continue to devote full-time attention to the thesis (provide note from M.D. if medical)

Attach: A separate page indicating the **reasons for requesting part-time status** and **a detailed plan of study** that will indicate how you expect to satisfy the progression requirements of the program. The plan of study must have a time frame and must be signed by the student and the advisor. **Part-time registration should not give the student undue relative academic or financial advantage in comparison with students enrolled full-time.**

 Student Signature

 Date

I approve the change in status from full-time to part-time for my student, and commit to provide an extended period of supervision.

 Supervisor Signature

 Date

APPROVED/ **NOT APPROVED BY:**

DOCUMENTATION RECEIVED**

 Program Director

 Date

 Dean

 Date