

Request for Transfer to Part-Time Status

The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended.
The information will be used to process your request to transfer to part-time status.

This form must be used to request a transfer from full-time to part-time status, or to *re-apply* for a continuation of part-time status, and must be submitted at least *one month* prior to the date you want part time status to begin. Completion of this form must be preceded by discussions involving the student, supervisor and graduate coordinator or department head. This must result in an approved, signed **Plan of Study**, which must be included with this request. The department must be convinced of the academic merit of this request before supporting it and forwarding it to SGS.

No change of status will be made after the Ontario government count date for that term has passed (Nov.1; Feb.1; June 30). Retroactive changes of status are not possible. No change of status will be permitted for any student who is not registered.

Student Name:	Student Number:	Degree Program:
Department:	Student Email:	
Address:	City/Province:	Postal Code:

Please indicate which of the following acceptable reasons for part-time status is applicable in your case:

- 1. I have been offered, or have, full-time employment – *Attach Confirmation of Employment*
- 2. I have been accepted into another full-time university program
- 3. I have family, medical, or other circumstances that make it impossible for me to devote myself full time to my graduate program – *Attach Supporting Documentation*
- 4. I expect to complete by September 30 (valid for a Fall term request made by August 31)

Financial circumstances alone are not sufficient grounds for a change to part-time status.

This change of status can be approved for a term or terms in the current academic session, and, if your request is made in August, for the upcoming session. If approved, part-time status will only be granted for the term(s) requested, to a maximum of three terms. **Which term(s) do you wish to be registered part-time?**

Term
Fall (September 1 – December 31)
Winter (January 1 – April 30)
Spring/Summer (May 1 – August 31)

All required supporting documentation, including a Plan of Study signed by yourself and your supervisor, must be submitted with this form. The School of Graduate Studies cannot approve incomplete applications.

Approval Signatures	Date
Student:	
Supervisor:	
Graduate Coordinator or Dept Head:	

SCHOOL OF GRADUATE STUDIES DECISION

You will be contacted by email about the decision. Note: It is the student's responsibility to be aware of all regulations regarding this change of status. If your request is NOT approved, you will be sent an email explaining the reason why.

Approved	Term(s) and Academic Session	Not Approved
	Fall	
	Winter	
	Spring/summer	

Office Use Only

<input type="checkbox"/> Registration	<input type="checkbox"/> PCICS
<input type="checkbox"/> Tracking	<input type="checkbox"/> Notification

SGS Director, Admissions and Student Services (or delegate) Signature: _____

Date: _____

SGS will grant part-time status for the term(s) as indicated above, which covers the following period of time: