



# School of Graduate Studies Request for Change of Student's Status

Student's Name: \_\_\_\_\_ ID# \_\_\_\_\_

GAU \_\_\_\_\_ Masters \_\_\_\_\_ PhD \_\_\_\_\_

Current registration status: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

I request a change of status to: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

Effective date of change: January 1 \_\_\_\_\_ May 1 \_\_\_\_\_ or September 1 \_\_\_\_\_

Current sources of graduate funding: NSERC/SSHRC/CIHR Scholarship: GRA/GAA:  
NSERC/SSHRC/CIHR Scholarship: GSTA/GSRA:

**IMPORTANT NOTICE: A change of status can have serious implications, including for program residency requirements, allowable course load, health care coverage, retention of scholarship support and financial assistance, balance of program fees owing, and Visa conditions (if applicable) as well as for additional GAU-specific program requirements. It is, therefore, critical that you consult carefully with your GAU, Student Services, and the School of Graduate Studies as appropriate before undertaking any status change.**

Please also be advised that your status as of the opt out deadline for your health coverage is your status in the graduate health and dental program for that year. Should you apply and receive a retro status change (from full time down to part time), you will remain in the program and are responsible for the related fees for that year.

It is the student's responsibility to clarify and resolve potential problems caused by a request for status change. If a student changes to part-time study before the residency requirements are completed, a study plan will be required by the School of Graduate Studies.

*I acknowledge the above-noted and I am aware that a change of status might effect my degree program.*

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

**Once you have completed and signed, submit form to the Director of Graduate Studies in your GAU for approval and then forward to the School of Graduate Studies for final approval.**

*Additional Comments by DoGS:*

I confirm that the supervisor of the above mentioned student supports the change in status, and I recommend that the requested change in status be granted.

\_\_\_\_\_  
Director of Graduate Studies approval

\_\_\_\_\_  
Date

Approved by the School of Graduate Studies: \_\_\_\_\_