FACULTY OF GRADUATE STUDIES
500 Glenridge Avenue
St. Catharines, ON L2S 3A1
Tel: 905-688-5550
Fax: 905-688-0748
Website: www.brocku.ca/graduate-studies

REQUEST TO CHANGE STATUS

***IMPORTANT*: This form must be submitted to the Faculty of Graduate Studies at least *3 weeks* before the beginning of the term for which this request applies.**

1. Full-time to Part-time status:

I hereby request transfer of my student status to part-time and understand that as a part-time student I will not be eligible for most fellowships and other types of financial support offered by Brock University.

Requested term for student status change beginning: Fall ☐ Winter ☐ Spring ☐ Summer ☐

Part-time to Full-time status:
I hereby request transfer of my student status from part-time to full-time and understand that as a full-time student I am expected to pursue my graduate studies as a full-time occupation and may not be employed by the University for more than 10 hours per week in a given term

Requested term for student status change beginning: Fall ☐ Winter ☐ Spring ☐ Summer ☐

*** Students who receive additional term funding may NOT change their status from full-time to part-time in the term immediately following the term(s) of extra funding.**

Student Information:

Student No. _____

Student Name: _____

Address: _____

_____

Email: _____

Degree: _____ Program: _____

Reason for Change of Status: _____

_____

Student Signature: _____ Date: _____

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services. Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

Approval / Denial:

Supervisor(if applicable): _____ Date: _____

Graduate Program Director: _____ Date: _____

Faculty of Graduate Studies: _____ Date: _____

Reason for Denial: _____

For Office Use Only:

GRSEG STATUS ☐ **GRSEG TIME** ☐ **FUNDING** ☐ **FINANCE** ☐

STUDENT ☐ **Program** ☐ **FILE** ☐

FGS Oct 2010