



Student ID	Student Last Name, First Name		
Department		Degree Program	Program start date
<p><input type="radio"/> I wish to change to part-time registration status</p> <p><input type="radio"/> I am currently a part-time student and wish to change to full-time registration status</p> <p>Effective term change _____ term</p> <p>This form must be submitted prior to the registration deadline of this term. Late or retroactive requests will not be accepted.</p> <p>To be eligible for a change to part-time status, students must fall into one of the following categories:</p> <p><input type="radio"/> I have been offered or have full-time employment (provide proof of employment)</p> <p><input type="radio"/> I have medical/family/other circumstances that now prevent me from working on my program full-time (provide supporting document)</p> <ul style="list-style-type: none">• Students must still satisfy the <u>Minimum Registration Requirements</u> of their program.• Where programs do not permit part-time registration, students will be required to follow their program regulations and are ineligible to apply for part-time status.• International Students may not be eligible to apply for part-time status under their study permit regulations. Contact International Student Services for more information.• Part-time students are not eligible for most scholarships or awards administered by GPS. For those students holding a scholarship and/or award while registered full-time, a change to part-time status may affect their eligibility to continue doing so.• Part-time students are eligible to hold GTAs and RTAs; students who have signed a Letter of Appointment may not be eligible for part-time status. Students should contact their departments for further information.• Students may not change to part-time status for financial reasons.• Students may not change to part-time status more than once within their program. Once a student changes to part-time status, they may return to full-time status once, but cannot subsequently revert back to part-time.			
Student's Signature *By signing this form, I agree that all information provided is true and complete.			Date (MMM DD, YYYY)
Supervisor	Signature	Date (MMM DD, YYYY)	
Department	Signature	Date (MMM DD, YYYY)	

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Faculty of Graduate & Postdoctoral Studies use only:			Signature & Date
<input type="radio"/> Awards	<input type="radio"/> Registration adjusted	<input type="radio"/> Approved	
<input type="radio"/> Admit Term	<input type="radio"/> Emailed Fees	Ineligible: Reason _____	