



FACULTY OF GRADUATE STUDIES
 1812 Sir Isaac Brock Way
 St. Catharines, ON L2S 3A1
 Tel: 905-688-5550
 Fax: 905-688-0748
 Email: graduatestudies@brocku.ca

REQUEST TO CHANGE STATUS

Completed forms to be submitted to FGS
 by Graduate Program Administrator.

***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.
 Completed forms may be submitted via email to graduatestudies@brocku.ca .***

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

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

Funding Adjustments (if applicable):

Paid to Student:

Graduate Fellowship

Effective Term: _____ Year: _____ Amount: _____

Graduate Assistantship

Effective Term: _____ Year: _____ Amount: _____

Student Information:

Student Number: _____ Student Name: _____

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 SUPERVISOR
 PROGRAM FILE