FACULTY OF GRADUATE STUDIES
1812 Sir Isaac Brock Way
St. Catharines, ON L2S 3A1
Tel: 905-688-5550 ext. 4490
Fax: 905-688-0748
Email: graduatestudies@brocku.ca

APPLICATION FOR FULL-TIME STUDY OFF CAMPUS

***IMPORTANT*: This form must be submitted to the Faculty of Graduate Studies at least 2 weeks before the beginning of the term for which this request applies.**

STUDENT NUMBER:

Name:

Program:

Brock E-mail Address:

Address:

City: Province: Postal Code:

Supervisor:

INFORMATION REQUIRED IN SUPPORT OF REQUEST:

Period of absence: From: _____ _____ To: _____ _____
Month Year Month Year

Location and purpose of off campus study:

Frequency of contact with supervisor:

Student's Signature *Date*

GRADUATE PROGRAM APPROVAL

Graduate Program Director *Date*

FACULTY OF GRADUATE STUDIES APPROVAL

DEAN, Faculty of Graduate Studies *Date*

FOR OFFICE USE ONLY:

STUDENT ☐ **PROGRAM** ☐ **SUPERVISOR** ☐ **NOTE** ☐