



FACULTY OF GRADUATE STUDIES
 1812 Sir Isaac Brock Way
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 Fax: 905-688-0748
 Email: graduatestudies@brocku.ca

REQUEST FOR INACTIVE TERM

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

(If approved, the inactive fee of \$125.00 will apply)

IMPORTANT: This form must be submitted to the Graduate Studies at least 2 weeks before the beginning of the term for which this request applies. Completed forms may be submitted via email to graduatestudies@brocku.ca.

REQUESTING INACTIVE TERM COMMENCING:

FALL 20 _____ WINTER 20 _____ SPRING 20 _____

STUDENT NUMBER: _____ **Full Time** **Part Time**

Surname/Family Name: _____ First Name: _____

Degree: _____ Program: _____

Brock E-mail Address: _____

Supervisor (if applicable)(please print): _____

Student Statement:

Please present your appeal for Inactive Status below, outlining the reasons for this request. This form should be submitted to your program Supervisor (if applicable) and your Graduate Program Director.

Student's Signature: _____ Date: _____

SUPERVISOR'S REPORT AND RECOMMENDATION

Please complete this form and forward it to the Graduate Program Director of your program within one week. Do you recommend approval of this request? Yes No
 Please give reasons

Print Name _____ Supervisor's Signature _____ Date _____

GRADUATE PROGRAM APPROVAL

Print Name _____ Graduate Program Director's Signature _____ Date _____

GRADUATE STUDIES APPROVAL

Print Name _____ Dean or Designate, Graduate Studies, Signature _____ Date _____

For Office Use Only:

GRSEG CODE FEE ASSESSED FUNDING STUDENT PROGRAM SUPERVISOR FILE

De-Registration Med Degree Route: _____