



**Brock**  
University

FACULTY OF GRADUATE STUDIES

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Website: <http://www.brocku.ca/gradstudies/>

## 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, Graduate Studies, Faculty of Graduate Studies*

\_\_\_\_\_  
*Date*

**FOR OFFICE USE ONLY:**

STUDENT

PROGRAM

SUPERVISOR

NOTE