



## PHD EDUCATION RESIDENCY REQUEST

**NOTE:** *As a part-time student, you are required to complete a minimum two consecutive term full-time residency. After completing your requested residency, your status will return to part-time.*

**IMPORTANT:** *This form must be submitted to the Faculty of Graduate Studies at least 1 term prior to the beginning of the term for which this request applies.*

Student Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Brock Email Address: \_\_\_\_\_

I hereby request to enrol in the two-term residency component of the Joint PhD in Education Program.

I understand that I am expected to pursue my graduate studies as a full-time occupation and may not be employed on campus for more than 10 hours per week in a given term. I also understand that during my residency terms I am eligible for PhD funding offered by Brock University.

**Requested terms for PhD Residency:**     Spring 20\_\_     Fall 20\_\_     Winter 20\_\_

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.

### Funding Approval:

**Faculty of Education, Graduate Program Director**

Effective Terms/Year: ~~AW~~  Spring 20\_\_     Fall 20\_\_     Winter 20\_\_    Amount: \_\_\_\_\_

**Faculty of Graduate Studies, Director:**

Effective Terms/Year: ~~AW~~  Spring 20\_\_     Fall 20\_\_     Winter 20\_\_    ~~AW~~ Amount: \_\_\_\_\_

### Approval Information:

Faculty of Education, Graduate Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty of Graduate Studies, Director: \_\_\_\_\_ Date: \_\_\_\_\_

### For Office Use Only:

GRSEG     FUNDING     ASSESSMENT     STUDENT     PROGRAM     FILE

DATE RESIDENCY COMPLETED AND RETURN TO PT STATUS: \_\_\_\_\_

PROGRAM     STUDENT