



REQUEST FOR INACTIVE TERM

(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 gradregistration@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

Director, Graduate Studies Signature

Date

For Office Use Only:

GRSEG CODE

FEE ASSESSED

FUNDING

STUDENT

PROGRAM

SUPERVISOR

FILE

De-Registration

Med Degree Route: _____