



APPLICATION FOR CHANGE OF STATUS

This form is to be completed when a student decides to request a change of status. Only **ONE** change of status may occur during the student’s program. This form is to be completed and submitted to the Education Graduate Program Office for review. A recommendation will be sent from the Faculty of Education, to the Faculty of Graduate Studies for a decision. The Faculty of Graduate Studies will send the final decision to the student.

MEd students who enter the program under Full- Time status, and changed to Part- Time status at any during the program, must complete within **3 years** of their first term of registration.

All **PhD** students must complete within a minimum of **3 years** and a maximum of **6 years**.

Student’s Name (Please *Print*) _____ **ID#** _____

Program: MEd PhD **Term of Entry into the Program** _____

Requesting Change of Status:

From: FT PT

To: FT PT

Activation at the beginning of (Term) _____

Reason for the Change of Status Request:

Student Signature _____ **Date** _____

For Office Use Only:

Status change approved

Status change **NOT** approved (in *the Faculty of Education*)

Associate Dean (GR): _____

Date: _____