

## SCHOOL OF GRADUATE STUDIES

CHANGE IN STATUS REQUEST

Students who are approved for a change in status from full-time to flex-time will pay the full-time fee for the term in which the request was made. Subsequent terms will be charged as flex-time.

Studen	t Information:						
•	visor/Advisor:pervisor			Student ID: _ Program: _ Program Route:			
				☐ Thesis Rou	ıte	RP Route	☐Course Route
Chang	e Request:						
Please	ensure you read the Registration Statu	s for Graduate	Students	section of the Academ	nic Calendar.		
Indicate your current status:			Change status to:				
	Full-time*			Full-time			
	Flex-time			Flex-time			
* Full-time students enrolled in two year programs (MEd program or Thesis routes) will be allowed to switch to flex-time (where available) only within the first 12 months of starting the program.							
	ll-time students enrolled in one year pro end of their first term of the program.	ograms (MRP r	outes) w	ill be allowed to switch	h to flex-time	(where av	vailable) only before
Term y	you wish the change to be effective:		Fall	$\square$ w	Vinter		Spring/Summer
Submi	ssion and Approval Guidelines:						
You m	ust submit to your Research Supervisor	/Faculty Advis	or:				
1.	This form						
2.	A letter providing detailed reasons fo	or the applicatio	n includ	ing any supporting doo	cuments		
	Research Supervisor/Faculty Advisor winator/Chair. You will receive notification						the Graduate
Appro	val of the Research Supervisor or Facul	ty Advisor:					
Name		Signatu	ıre			Date	
Appro	val of the Graduate Coordinator/Chair:						
Name (print) Signatur						Date	
	inator/Chair recommendation for ne		mpletion	n date:			
Appro	val of the Dean of Graduate Studies & I	Research:					
Name	(print)	Signatu	ıre			Date	

Please submit complete forms and any supporting documents to the School of Graduate Studies at sgs@nipissingu.ca School of Graduate Studies Updated:10/12/2018