



Student ID	Student Last Name, First Name		
Department	Degree Program	Program start date	

- I wish to change to part-time registration status
- I am currently a part-time student and wish to change to full-time registration status

Effective term change _____ term

This form must be submitted prior to the registration deadline of this term. Late or retroactive requests will not be accepted.

To be eligible for a change to part-time status, students must fall into one of the following categories:

- I have been offered or have full-time employment (provide proof of employment)
- I have medical/family/other circumstances that now prevent me from working on my program full-time (provide supporting document)

- Students must still satisfy the Minimum Registration Requirements of their program.
- Where programs do not permit part-time registration, students will be required to follow their program regulations and are ineligible to apply for part-time status.
- International Students may not be eligible to apply for part-time status under their study permit regulations. Contact International Student Services for more information.
- Part-time students are not eligible for most scholarships or awards administered by FGSR. For those students holding a scholarship and/or award while registered full-time, a change to part-time status may affect their eligibility to continue doing so.
- Part-time students are eligible to hold GTAs and RTAs; students who have signed a Letter of Appointment may not be eligible for part-time status. Students should contact their departments for further information.
- Students may not change to part-time status for financial reasons.
- Students may not change to part-time status more than once within their program. Once a student changes to part-time status, they may return to full-time status once, but cannot subsequently revert back to part-time.

Student's Signature *By signing this form, I agree that all information provided is true and complete.		Date (MMM DD, YYYY)
Supervisor	Signature	Date (MMM DD, YYYY)
Department	Signature	Date (MMM DD, YYYY)

Personal information on this form is collected under the authority of Section 33(c) of Alberta's **Freedom of Information and Protection of Privacy Act** for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see <http://www.ipu.ualberta.ca/>

Faculty of Graduate Studies and Research use only:

- Awards
- Registration adjusted
- Approved
- Admit Term
- Emailed Fees
- Ineligible: Reason _____

Signature & Date