



School of Graduate Studies

# School of Graduate Studies Participation Status Change

University of Lethbridge ID Number

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Today's Date

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Students continue with the participation status under which they started, i.e., full-time or part-time studies. However, under extraordinary circumstances, students may seek approval to change their participation status.

A student seeking approval to change participation from full-time to part-time studies or vice versa must obtain approval from his or her supervisor, the Chair of the department or department graduate coordinator (or the Chair of the relevant Program Committee for graduate students in the Faculty of Health Sciences), and the Dean of the School of Graduate Studies. Such approval must be obtained no later than at the end of the first 12 months of study. Students may not change their status after 12 months of study.

Refer to the *Graduate Studies Calendar* for more information ([www.ulethbridge.ca/ross/academic-calendar](http://www.ulethbridge.ca/ross/academic-calendar)).

## Student Information

Surname: \_\_\_\_\_ Given Name(s): \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Concentration (if applicable): \_\_\_\_\_

Is student currently receiving funding through the School of Graduate Studies?  Yes  No

**CURRENT PARTICIPATION STATUS**

Full-time  Part-time Start date in program: \_\_\_\_\_

**PROPOSED PARTICIPATION STATUS**

Full-time  Part-time Anticipated completion date for program: \_\_\_\_\_

## Consent

**STUDENT**  
*I confirm I wish to change my participation status as indicated above.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR(S)**  
*I confirm the change of participation status has been discussed with me and meets my approval.*

(Co) Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Co) Supervisor Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CHAIR**  
*I confirm the change of participation status meets the approval of the department (or relevant Program Committee for graduate students in the Faculty of Health Sciences).*

Chair Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form to School of Graduate Studies Office (AH115)

## Office Use Only (Final Approval)

School of Graduate Studies Dean Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The School of Graduate Studies will forward form to the Registrar's Office when final approval has been obtained.