

Change of Registration Status

The student, in consultation with the graduate program, should complete the sections of this form above the Faculty of Graduate Studies ruling section. Please print or type.

Last Name	First Name	Middle Name(s)			UCI	D	Graduate Program		
From Full-time to Part-time	From Part-time to Full-time					Date Effective: (must be beginning of a term)			
I have read the Faculty of Gradua I understand that a change from registration. It will also require th	part-time to full-tim	e status will rec	uire program	approval in	idicating satis	sfactory pr			
Indicate all sources of current funding. Any change to graduate registration may affect your funding and you must notify your funder if you are no longer eligible. If you are unsure who to contact, ask the Graduate Scholarship Office at <u>gsaward@ucalgary.ca</u> Awards or scholarships Assistantships Bursaries Grants Loans Sponsor funding									
Rationale for change:									
This information is collected under the authority of program, category, or registration status. This info Studies, University of Calgary, Calgary, Alberta T21	rmation will form part of	of the student rec							
Signature of Student:						Date:			
Graduate Program Approval									
Supervisor's Name: (Print)	Signature:				Da	Date:			
Graduate Program Director's Name: (Print)	Signature:					Date:			
Faculty of Graduate Studies Ruling:		A	pproved		Not Appr	oved			
			pproved						

Revised Fee Assessment:

Term	Tuition	Differential	GSA	Health Insurance	Dental Insurance	Graduate Group Insurance	Campus Recreation	Athletics	Student Services Fees	UPASS	Bursary

Scholarship Office

Home Graduate Program

Proposed Graduate Program (if appropriate)

Update PeopleSoft