

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 Nove - | | | | inst None | | | | | T usis T | | | ata Duaguaya | |
|--|--|--|------------------|-----------------------------|---------------------|--------------------------------|--|--------------|---|--------|-------------|--------------|--|
| Last Name | | | F | First Name Middle Name(s) | | | | UCID Gradu | | radua. | ate Program | | |
| | | | | | | | | | | | | | |
| | Fuero Full Aires he Doub Aires | | | | | From Doub times to Full times | | | Date Effective: (must be beginning of a term) | | | | |
| From Full-time to Part-time | | | | From Part-time to Full-time | | | (mu | | | | | | |
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| | I have re | ad the Faculty | of Graduate | Studies polici | es on studer | it status in th | e graduate c | alendar (sec | tion D.3) | | | | |
| I understand that a change from part-time to full-time status will require program approval indicating satisfactory progress for full-time | | | | | | | | | | | | | |
| registration. It will also require that students pay the full-time annual general fees for the full year retroactive to their annual registration term | | | | | | | | | | | | | |
| 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 gsaward@ucalgary.ca | | | | | | | | | | | | | |
| | Awards or scholarships Assistantships Bursaries Grants Loans | | | | | | | | Sponsor funding | | | | |
| Rationale for change: | | | | | | | | | | | | | |
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| program | , category, or r | ected under the egistration statual algary, Calgary, | ıs. This informa | ation will form p | part of the stu | dent record. Pl | | | | | | | |
| Signature of Student: | | | | | | | | | С | Date: | | | |
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| Graduat | e Program A | pproval | | | | | | | | | | | |
| Supervi | sor's Name: (| Print) | | | Signature: | | | | Date: | Date: | | | |
| Graduate Program Director's Name: (Print) | | | | | Signature: | | | | Date: | Date: | | | |
| Graduate Frogram Director's Name. (Finit) | | | | | Signature. | | | | | ite. | | | |
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| Faculty o | f Graduate St | tudies Ruling: | | | Approved | | | N | Not Approved | | | | |
| Signatu | re: | | | Date: | | | | | | | | | |
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| Revised F | ee Assessme | nt: | | 1 | <u> </u> | | | | | 1 | | | |
| Term | Tuition | Differential | GSA | Health Insurance | Dental Insurance | Graduate Group Insurance | Campus Recreation | Athletics | Student Services Fee | UPA | SS | Bursary | |
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Scholarship Office Ho

Home Graduate Program

Proposed Graduate Program (if appropriate)

Update PeopleSoft