Academic Change Form Request
(All requests must be discussed and supported by the academic unit before consideration will be given by Graduate Studies)

1. Date: __________________________

2. Student Information:
   
   Name: ________________________________  Student #: __________________
   
   Department: __________________________  Degree: __________________
   
   Email: _______________________________
   
   Funded: ☐ Yes ☐ No  Type of Funding: ☐ TA  ☐ RA  ☐ Internal Scholarship  ☐ External Scholarship

3. Type of Request & term(s) (subject to approval):
   
   ☐ Extension for (term): __________________________
   
   ☐ Leave of Absence for (term): ____________________  Leave from Duties form attached: ☐ Yes ☐ N/A
   
   ☐ Reinstatement for (term): _______________________  
   
   ☐ Status Change from: a) Part-time to Full-time or b) Full-time to Part-time for (term/duration) ______________

4. Reason for this request: (additional sheets may be attached)
   
   ______________________________________________________________________________________
   
   ______________________________________________________________________________________
   
   ______________________________________________________________________________________
   
   ______________________________________________________________________________________
   
   Student Signature __________________________

5. Thesis/Graduate Supervisor comments if applicable:

   ______________________________________________________________________________________
   
   ______________________________________________________________________________________
   
   ______________________________________________________________________________________
   
   ______________________________________________________________________________________

   Thesis Supervisor Signature: __________________________

   Authorized Departmental Signature: __________________________  Date: __________________________

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c. F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides expressed written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate Studies Office (512 Tory Building, 613-520-2525). Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.