



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: _____

GSRO USE ONLY	
Request Approved:	
Request Denied:	Reason:
Data Entered:	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.