

Faculty of Graduate and Postdoctoral Affairs
Academic/Registration Change Form

(All requests must be discussed and supported by the academic unit)

1. **Date (mm/dd/yyyy):**

Term of Admission:

2. **Student Information:**

Name:

Student #:

Department:

Degree:

Carleton Email:

Funded: Yes No

3. **Type of Request & term(s)** (subject to approval):

Leave of Absence: Term(s)

If you hold a TA for the term above a **Leave from Duties** is also required through the TA management system.

Registration in: Course #

CRN:

Course #

CRN:

Course #

CRN:

Course #

CRN:

Withdrawal from: Course #

CRN

Course #

CRN

Course #

CRN

Withdrawal from thesis/research essay/project for refund purposes only

(must be within refund period for program completion)

Term:

Reinstatement: Term

Status Change to: Part-time Full-time For term

or duration of program

Withdrawal from Program: Term

4. **Reason for this request:** (additional sheets may be attached)

Student Signature

5. **Research/Thesis Supervisor comments if applicable:** (additional sheets may be attached)

Research/Thesis Supervisor Signature: _____

Authorized Departmental Signature:

Date:

Request Approved:

FGPA USE ONLY (Index: REG - In Program Revision)

Request Denied:

Reason:

Data Entered:

Date:

Charged to account:

"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 express written consent. Should you have any questions concerning your personal information, please contact Joanne Bree, FIPPA representative for the Faculty of Graduate and Postdoctoral Affairs, 512 Tory Building, 613-520-2525. Carleton University is fully compliant with FIPPA and endeavours at all times to treat your personal information in accordance with this law."