Faculty of Graduate and Postdoctoral Affairs
Academic Change Form

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

1. Date: ____________________ Term of Admission: ____________________

2. Student Information:

   Name: ____________________________ Student #: ____________

   Department: ____________________ Degree: ____________

   Carleton Email: ____________________ Funded:  Yes  No

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

   [ ] Extension for (term): ________________

   Time limits are strictly enforced (Section 13.5 of the Graduate Regulations). Prior to considering an extension, FGPA requires a statement as to why the extension is required; and a specific time line/schedule indicating how you intend to complete your program requirements within the extended term. This needs to be reviewed and approved by your Research/Thesis Supervisor to guarantee that it meets with their schedule. Please attach your statement and timeline to this form.

   [ ] Leave of Absence for (term): ________________

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

   [ ] 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. Research/Thesis Supervisor comments if applicable:

   ____________________________________________________________________________________________________
   ____________________________________________________________________________________________________
   ____________________________________________________________________________________________________

   Research/Thesis Supervisor Signature: ______________________

Authorized Departmental Signature: ______________________ Date: ____________