

## 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: \_\_\_\_\_

**FGPA USE ONLY (Index: REG - Academic Change Request)**

Request Approved: \_\_\_\_\_

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."