School of Graduate and Postdoctoral Studies Change of Status Form

Student Name: Student Number:				
Current Registration: Current Program:	Part-Time	Full-Time Degree:		Western Graduate Studie
Proposed Registration: Proposed Program:	Part-Time	Full-Time Degree:		
Program Withdrawal	Required (submit g	to Withdraw rades to SGPS)		
Comments (if applicable):				
			Date	
Program Signature			Date	
·			Date	
Effective Date:		Copy 1- SGPS		
Student Name: Student Number:	ol of Graduate a	nd Postdoctoral Stud	lies Change of Status Fo	rm W/
olddeni Namber.				Graduate Studies
Current Registration: Current Program:	Part-Time	Full-Time Degree:		
Proposed Registration: Proposed Program:	Part-Time	Full-Time Degree:		
Program Withdrawal	Required to Withdraw (submit grades to SGPS)			
Comments (if applicable):				
Student Signature			Date	
			Date	
SGPS Signature			Date	
Effective Date:		Copy 2- Program		
		COPY & LIOGIAIII		