

School of Graduate and Postdoctoral Studies Change of Status Form



Student Name:

Student Number:

Current Registration: Part-Time Full-Time
Current Program: Degree:

Proposed Registration: Part-Time Full-Time
Proposed Program: Degree:

Program Withdrawal Required to Withdraw
(submit grades to SGPS)

Comments (if applicable):

Student Signature _____ Date _____
Program Signature _____ Date _____
SGPS Signature _____ Date _____
Effective Date: _____

Copy 1- SGPS

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Copy 2- Program