

Students who are approved for a change in status from full-time to flex-time will pay the full-time fee for the term in which the request was made. Subsequent terms will be charged as flex-time.

Student Information:

Name: _____ Student ID: _____
 Supervisor/Advisor: _____ Program: _____
 Co-Supervisor: _____ Program Route:
 Thesis Route MRP Route Course Route

Change Request:

Please ensure you read the Registration Status for Graduate Students section of the Academic Calendar.

 Indicate your **current** status:

Change status to:

 Full-time*

 Full-time

 Flex-time

 Flex-time

* Full-time students enrolled in two year programs (MEd program or Thesis routes) will be allowed to switch to flex-time (where available) only within the first 12 months of starting the program.

* Full-time students enrolled in one year programs (MRP routes) will be allowed to switch to flex-time (where available) only before the end of their first term of the program.

Term you wish the change to be effective: Fall Winter Spring/Summer

Submission and Approval Guidelines:

You must submit to your Research Supervisor/Faculty Advisor:

1. This form
2. A letter providing detailed reasons for the application including any supporting documents

Your Research Supervisor/Faculty Advisor will review the documents and recommend approval or disapproval to the Graduate Program Coordinator/Chair. You will receive notification of the decision via your Nipissing University email account.

Approval of the Research Supervisor or Faculty Advisor:

 Name (print) Signature Date

Approval of the Graduate Program Coordinator/Chair:

 Name (print) Signature Date

Coordinator/Chair recommendation for new program completion date: _____

Approval of the Associate Dean of Graduate Studies:

 Name (print) Signature Date