UNIVERSITY OF MANITOBA

Faculty of Graduate Studies

Request for Part-Time Status

Please Note:

1. It is anticipated that completion of this form would be preceded by discussions involving the student, the student's advisor, and the Graduate Chair or Department Head.
2. This (completed) form should be accompanied (or followed) by an updated Annual Progress Report (APR).
3. The Department must be convinced of the academic merit of the request before supporting it and recommending it to the Faculty of Graduate Studies.
4. This form is not applicable to pre-master's programs.
5. A change to part-time status can not be granted for financial circumstances.
6. Declaration of part-time status is not applicable to pre-masters or occasional students.

To qualify for part-time status, a student must fall into one of the following categories (please check one):

- □ **I have been offered, or have, full-time employment** (documentation may be requested)**; or**
- □ **I have medical, family or other circumstances that make it impossible for me to devote myself full-time to my graduate program** (documentation may be requested)**.**

Student Name (last, first): _____ **Student Number:** _____

Email address: _____ Program Start Date (mm/yy): ____ / ____

Major Department: _____ Degree Program: _____

Students who request part-time status are not eligible for most fellowships, scholarships or awards administered by the Faculty of Graduate Studies. If funding has already been provided for the term(s) of the proposed period of part-time status, that funding must be returned to the Faculty of Graduate Studies.

Your may be requested to attach a separate page indicating the reasons for requesting part-time status, which are consistent with the above guidelines for such transfers, as well as an updated Annual Progress Report signed by the student and his/her advisor. The updated Annual Progress Report should clearly demonstrate how the student will maintain timely and satisfactory progress toward the completion of their degree.

_____ _____

Student's Signature Date (dd/mm/yy) Advisor's Signature Date (dd/mm/yy)

_____ _____

Department Head's Signature Date (dd/mm/yy) Dean's Signature Date (dd/mm/yy)