

Please Note:

1. It is anticipated that completion of this form would be preceded by discussions involving the student, the student's advisor and co-advisor (if applicable), and the Graduate Chair or Department/Unit Head.
2. The Department/Unit must be convinced of the academic merit of the request before supporting it and recommending it to the Faculty of Graduate Studies.
3. A change to part-time status cannot be granted solely for financial circumstances.
4. Declaration of part-time status is not applicable to pre-master's or occasional students.
5. Students are not permitted to change to part-time (PT) status more than once within their program. Once a student declares as PT, he/she may return to full-time status once, but cannot subsequently revert to PT.

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 or

I have medical, family, or other circumstances that make it impossible for me to devote myself full-time to my graduate program

Student Name (**LAST**, First) _____ Student Number _____

Program Start Date (MM/YY) _____ Major Department/Unit _____

Degree Program _____

NOTE: 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.

You 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 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.

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of determining your eligibility for part-time status, to administer your part-time status request (if approved), and for communication. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Student Signature Date (MM/DD/YYYY)

Department/Unit Head Signature Date (MM/DD/YYYY)

Advisor Signature Date (MM/DD/YYYY)

Co-Advisor Signature (if applicable) Date (MM/DD/YYYY)

FGS Use Only

Effective Term: _____

*New End Date: _____

Processed by: _____

Date: _____
(MM/DD/YYYY)

*Subject to change if student readjusts status.

Registrar's Office:

Student now has part-time Status: _____
Please adjust fee assessment rate: _____