

For definitions of full/part-time status, refer to the Graduate Academic Calendar.

The form must be signed by the supervisor/co-supervisor (if applicable) and the graduate program director. The faculty sends the form to the School of Graduate and Postdoctoral Studies (SGPS) for review, approval and processing. **International students are not permitted to switch to part-time status.** The length of time for requests to be processed varies based on the nature of the change and the faculty involved.

**Hc`VY`Wt`a d`YhX`Vmih`Y`gh`XYbh**

Last name _____	First name _____	Student number _____
Ú[ `!æ` Á _____	OntarioTech.net email address _____	Effective term _____

**Status change requested:**

**\*Part-time to full-time**                      **Full-time to part-time**

Reason for change:

**\*Part-time to full-time status change:** This funding is subject to terms and conditions as outlined in the Graduate Student Funding Terms and Conditions document. The terms and conditions of employment for Teaching Assistants and Research Assistants are governed by the collective agreement between Ontario Tech University and the Public Service Alliance of Canada (PSAC).

**Hc`VY`Wt`a d`YhX`Vmsi`dYfj`jgc`fj`ZUdd`]WUV`Y):**

**Gi`dYfj`jgc`f`UbX`fi`bX]b[`ibZ`fa`U]cb**

Ú` ]`^!çã [ : _____	Start term _____	End term _____
Ö [ `È` ]`^!çã [ : _____	VCE @ _____	GRA _____
Øæ` ]c` Á _____	RAship _____	Scholarship _____
	Total funding _____	

\*Student's signature \_\_\_\_\_ Date \_\_\_\_\_

\*By signing this form, the student understands that changes in time status may affect OSAP eligibility as well as education tax credits. Changes in time status will affect your internal funding offered to you on your offer of admission. Further, this may also affect your external funding, if applicable. Please check with the Graduate Finance Officer for clarification.

**To be completed by the supervisor/co-supervisor (if applicable), graduate program director and Dean of Graduate and Postdoctoral Studies:**

S _____ Supervisor signature (if applicable) S _____ Date	S _____ Co-supervisor signature (if applicable) S _____ Date	S _____ Graduate program director signature S _____ Date	S _____ Dean of SGPS/designate signature S _____ Date
Approved      Declined	Approved      Declined	Approved      Declined	Approved      Declined

**FOR SGPS USE ONLY:**  
Processed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_