UNIVERSITY of GUELPH

GRADUATE PROGRAM SERVICES

Surname	
Given Names	I.D. Number
Department/School	Program

APPLICATION FOR PART-TIME STUDY: NEW APPLICANTS

I hereby apply for admission to a part-time program of study.

I understand that registration as a part-time student may have negative implications with regard to:

a) Interest-free status for outstanding student loans,
b) Income-tax benefits (education credit), and
c) Scholarship eligibility.

I acknowledge that the minimum duration period of my program is based on the equivalency of three part-time semesters to one full-time semester. (Minimum duration for your program of study can be found in our graduate calendar at http://www.uoguelph.ca/registrar/calendars/graduate/current/degreg/index.shtml

Applicant's signature *Date*

PROGRAM APPROVAL:

I hereby recommend admission to a part-time program as requested by the above named applicant.

Graduate Coordinator's signature *Date*

GRADUATE PROGRAM SERVICES OFFICE USE ONLY:

Admission to part-time program approved? ☐ Yes ☐ No

for Dean of Graduate Studies *Date*