

Office of Graduate Studies

FULL-TIME AND PART-TIME TRANSFER APPLICATION

Last Name: _____ First Name: _____
 Student ID: _____ Degree Program: _____
 Department/School: _____

Please Note: Load transfers after the 10th class day can result in significant financial penalties and are not advised.

APPLICATION FOR TRANSFER TO PART-TIME STUDY

Graduate students originally admitted to a full-time program may be allowed to transfer to a part-time status if demanding circumstances relating to personal health, family responsibilities, or employment exist. Documentation of these circumstances must be submitted with this application.

- I hereby apply to revert to part-time status; **I was originally admitted to my program as a part-time student.** I understand that UNIV*7520, Active Part-Time Registration will be added to WebAdvisor.
- I hereby apply to transfer to part-time status. Employment, personal, medical, or other family circumstances dictate that I am able to pursue my studies on a part-time basis only. **Required supporting documentation is attached.** I understand that UNIV*7520, Active Part-Time Registration will be added to WebAdvisor.

This request applies: only for the _____ semester.
 for any/all remaining semesters.

I understand that one part-time semester is the equivalent of 1/3 of a full-time semester. I acknowledge that registering part-time may have negative implications with regard to eligibility for student loans, interest free status for outstanding student loan, income tax benefits (education credits), and scholarship/bursary eligibility.

Student Signature: _____ Date: _____

APPLICATION FOR TRANSFER TO FULL-TIME STUDY

- I hereby apply to revert to full-time status for the _____ semester only. I understand that UNIV*7510, Active Full Time Registration will be added to WebAdvisor.
- I hereby apply to revert to full-time status for the remainder of my program. I understand that UNIV*7510, Active Full-Time Registration will be added to WebAdvisor.

Student Signature: _____ Date: _____

DEPARTMENT USE ONLY:

*Note: All transfers require a new **Funding Form**. A minimum funding guarantee is required for doctoral students in semesters 1.0 to 9.0. If the doctoral student chooses to waive the guaranteed funding, the **Request to Waive Minimum Stipend Form** is also required.*

We hereby support this request as stated above:

Advisor: _____ Date: _____

Graduate Coordinator: _____ Date: _____

OFFICE OF GRADUATE STUDIES USE ONLY:

Transfer Approved: Yes No Date: _____