School of Graduate and Postdoctoral Studies Change of Status Form

Student Name:

Student Number:

Current Registration: Part-Time   Full-Time
Current Program: Degree:

Proposed Registration: Part-Time   Full-Time
Proposed Program: Degree:

Program Withdrawal   Required to Withdraw
                            (submit grades to SGPS)

Comments (if applicable):

Student Signature _____   Date _____
Program Signature _____   Date _____
SGPS Signature _____   Date _____
Effective Date: _____

The personal information on this form is collected under the authority of the University of Western Ontario Act, 1982, as amended.