



School of Graduate Studies

## Change of Status

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[School of Graduate Studies](#); Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: [sgs@mun.ca](mailto:sgs@mun.ca)

Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Academic Unit:		Degree:	
Change in Full-Time/Part-Time Status			
Current Status:	Full-Time	Part-Time	Will you be working more than twenty-four (24) hours per week on other than your graduate program?
New Status:	Full-Time	Part-Time	
Effective Date of New Status:		Yes	No
Definition and Notes			
<p>A full-time graduate student is one who (a) registers as such, (b) devotes full-time to his or her academic program and (c) does not commit more than 24 hours a week working time, including teaching assistant or research assistant duties, to matters other than the degree program.</p> <p>A part-time student is one who is registered for the duration of a semester and is not classified as full-time.</p> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li>1. Tuition fees are not based on full-time/part-time status.</li> <li>2. Students receiving graduate student support and/or scholarships must maintain full-time status for the duration of the award.</li> <li>3. Students changing to full-time status in a given semester are advised that graduate funding is not automatically awarded after becoming a full-time student.</li> <li>4. Students changing to part-time status in a given semester are advised that no refunds for health and dental insurance are possible after <a href="#">the appropriate opt-out date</a>. Students changing to full-time status after the opt-out date should consult the Graduate Students' Union (<a href="#">GSU</a>) regarding health and dental insurance. Students should contact the GSU on all matters related to health and dental insurance.</li> </ol>			
Signatures			
Student:	_____	Date:	_____
Supervisor:	_____	Date:	_____
Head of Academic Unit:	_____	Date:	_____
School of Graduate Studies:	_____	Date:	_____

Original: School of Graduate Studies (Copies will be sent to the academic unit and student via SGS).

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTER-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at [sgs@mun.ca](mailto:sgs@mun.ca).