

Use this form to:

- Request a change to your enrolment status or voluntarily withdraw from your program.

Instructions:

1. Complete sections 1 and 2
2. Submit the completed form to your academic department for approval or acknowledgement (for medical leave; request for medical leave will require you to follow the instructions on the [AccessAbility Services](#) website).
3. Your academic department will forward the form to the Faculty Associate Dean's office and Graduate Studies and Postdoctoral Affairs for approval or acknowledgment.
4. Once your change is processed, your term fees may be updated. If you have opted out of any incidental fees for the term, you may need to do so again. You will not be able to opt out of any new fees charged as a result of an enrolment status change processed after the opt-out deadline.

For more information about this form, please review the [enrolment status changes and withdrawal web page](#).

Section 1: Student information

University of Waterloo student identification number _____

Last name(s) _____ First name(s) _____

Email _____ Faculty (e.g. Arts) _____

Department or School (e.g. History) _____ Program (e.g. MASc, ECE) _____

Program level: ☐ master's ☐ doctoral ☐ graduate diploma

Study option: ☐ thesis ☐ master's research paper ☐ coursework

Section 2: Status change

Effective term/year: ☐ fall, year _____ ☐ winter, year _____ ☐ spring, year _____

Select one status change option per form

☐ Full-time (from part-time) ☐ Full-time off-campus (e.g. internship, exchange)

☐ Part-time (from full-time) ☐ Co-op (one work term)

☐ Inactive (indicate reason below) ☐ Co-op (two work terms)

- | | |
|--|---|
| <input type="radio"/> Parental leave | <input type="radio"/> External research or work opportunity (unrelated to thesis) |
| <input type="radio"/> Personal/family obligations | <input type="radio"/> No suitable courses available |
| <input type="radio"/> Temporary financial difficulties | <input type="radio"/> Other _____ |
| <input type="radio"/> Medical/illness (must follow instructions for Graduate Student Medical Leave) | |

☐ Voluntarily withdraw, effective date of withdrawal (mm/dd/yy): _____

Reason for requesting status change/withdrawal _____

Student signature _____ Date (mm/dd/yy) _____

Section 3: Comments, approvals and signatures

Current number of terms in program _____ Other inactive terms (e.g. fall 2018) _____

Department/Faculty comments _____

Supervisor(s) _____ Date (mm/dd/yy) _____

Graduate officer/Associate chair _____ Date (mm/dd/yy) _____

Associate dean, Faculty _____ Date (mm/dd/yy) _____