

**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 a change of enrolment status processed after the opt-out deadline.

**Deadlines** (Faculties/Departments/Schools may have earlier deadlines): **Fall – Oct. 15; Winter – Jan. 15; Spring – June 15**For more information about this form, please review the [enrolment status change web page](#).**Section 1: Student information**

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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**

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**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) Parental leave  External research or work opportunity (unrelated to thesis) Personal/family obligations  No suitable courses available Temporary financial difficulties  Other \_\_\_\_\_ Medical/illness (must follow instructions for [Graduate Student Medical Leave](#)) Voluntarily withdraw, effective date of withdrawal (mm/dd/yy): \_\_\_\_\_

Reason for requesting change/withdrawal (not required for inactive) \_\_\_\_\_

Student signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**Section 3: Comments, approvals and signatures**

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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) \_\_\_\_\_