

**Application to Change between Full-time and Half-time Enrolment**

***Instructions:*** *This form is to be completed by the candidate and forwarded, with evidence attached, to the Student Advisor in the candidate’s home Faculty. The change of status request must have the support of the Victoria Supervisor and Head of School.*

***Reference:*** *Master’s Thesis Regulations 7.6 Change of status from full-time to half-time and half-time to full-time*

*a) Applications must be approved by the Associate Dean (PGR) who may require supporting documentation and confirmation from the Head of School that resources remain available.*

 *b) A change of status from full-time to half-time that occurs in tandem with an application for an extension without sufficient justification may be declined.*

*Note 1: Scholarship holders who are contemplating a change to half-time status must consider the conditions of their scholarship*

*Note 2: Visa conditions for international candidates may not permit half-time study.*

*Candidates changing their enrolment status from half-time to full-time may owe additional fees. Candidates changing from full-time to half-time may qualify for a refund.*

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| **Candidate’s full name:** |       | **ID number:** |       |
| **School:** |       | **Faculty**:  |       |
| **Name of Victoria Supervisor:** |       |
| **Name of other supervisor/s:** |            |
| **CHANGE OF ENROLMENT STATUS** *(please tick the appropriate box)*[ ]  I request that my enrolment status be changed from full-time to half-time.To be effective from (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  I request that my enrolment status be changed from half-time to full-time.To be effective from (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Please explain why you want to change your enrolment status. Please attach evidence in support of your request (e.g. medical certificate, letter from your employer etc.)**      |
| **SCHOLARSHIPS**Do you hold a Victoria Scholarship? [ ]  Yes [ ]  NoPlease name any other scholarships you hold:       |
| Candidate’s Signature:  |  |

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| **VICTORIA SUPERVISOR’S STATEMENT** |
| [ ]  I support the candidate’s request to change enrolment status. Comments:       |
| Name:  |       |
| Signature:  |  | Date: |       |

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| **APPROVAL – HEAD OF SCHOOL** |
| [ ]  Request approved[ ]  Request declined Comments:       |
| Name:  |       |
| Signature:  |  | Date: |       |

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| **APPROVAL – HOME FACULTY ASSOCIATE DEAN (PGR)** |
| [ ]  Request approved[ ]  Request declined Comments:      |
| Signature:  |  | Date: |       |

**Please return this form to the Student Advisor in the home faculty office.**