

Request for Full-Time Study Off Campus

Students registered in a master's or doctoral program at Queen's University may be permitted to study at another approved university, institution, library or laboratory under certain conditions. Full-time off campus registration must be recommended by the Department and approved by the School of Graduate Studies.

e recommended by the Department and app			T-
Student Name:	Student Number:		Degree Program:
Department:	Student Email:		
Address:	City/Province:		Postal Code:
Which term(s) do you wish to be registere Term(s) Requested Fall (September 1 – December 31)	d Full-Time Off campus? This change of status cal current academic session September to August each	n (an academic	session runs from
Winter (January 1 – April 30)	August, for the upcoming	session. If app	proved, off campus status
Spring/Summer (May 1 – August 31)		will only be granted for the term(s) requested, to a maximum of three terms. Retroactive requests cannot be approved.	
What is your academic reason for leaving on accomplish during this time.	,		к уой ріан іо
<u> </u>			k you plan to
accomplish during this time. By what means and how often will you be i			k you plan to
accomplish during this time. By what means and how often will you be i	in contact with your supervis	or?	k you plan to
By what means and how often will you be i	in contact with your supervis	or?	k you plan to
By what means and how often will you be i Approval	in contact with your supervis	or?	k you plan to
Student: Supervisor:	in contact with your supervis	or?	k you plan to
Approval Student: Graduate Coordinator or Dept Head: Associate Dean, SGS (or delegate) SCHOOL Cou will be contacted by email about the decegulation on the SGS website. If your reques	in contact with your supervis Signatures OF GRADUATE STUDIES DEC	Date CISION bility to review the given an explanation of the second of	ne <u>Full-Time Off Campus</u>

Copies: Records (O.U.R.) Department Student File