McMaster University

First Name: **Full-time**   **Part-time**

Last Name: **Full Program Name:**

Student ID Number: **Degree:**

Please select from the options below:

1. Request to withdraw
2. Required to withdraw by the Department (student's signature NOT required)
3. Full-time to Part-time
4. Part-time to Full-time

Options 1, 2 and 3 require the completion of the stop payment section at bottom of form (if full-time)

Option 4 also requires the signature of the PhD Supervisory Committee members (if applicable)

Comments (please give reason for change):

Please note:

1. The effective withdrawal date should ideally be the end of the term or month
2. Changes from Full to Part-time and Part to Full-time must be effective at the beginning of a term

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Effective Date for the Change of Status:

Student Signature: **Date:**

Supervisor Signature: **Date:**

Dept. Approver Signature: **Date:**

PhD Supervisory Committee Signatures (if applicable)

1.   2.   3.

Stop Payment Notice

Stop Student's Scholarships Pay: Month   Day   Year

Dept. Approver Signature   **Date**

Once this form is fully complete, please submit via Service Request
"Request for Change in Status" – R0002