



REQUEST FOR CHANGE IN MBA STUDENT'S STATUS

To: The Student Experience Office, RJC-333 Student Number : _____

Student's Name: _____ Email Address): _____

The above named student is requesting the following change in status in the MBA Program:

Current Program:

- Full Time
- Part Time
- Co-op
- Accelerated FT
- Accelerated PT

Requesting Change to:

- Full Time (min. 1 yr work experience req'd)
- Part Time
- Co-op
- Accelerated FT
- Accelerated PT
- Withdraw from Session
- Withdraw from Program

Date of Request: _____ Date Change to Take Effect : _____

Reason For Request: _____

Student's Signature: _____ Date: _____

I have met with an Academic Advisor and fully understand the impact of this request for Change in Status which may result in changes to tuition fees.

Comments from Academic Advisor

Academic Advisor's Signature: _____ Date: _____

Any Change in Status involving the Co-op Program must also be approved by the CPD Office

CPD Signature: _____ Date: _____

Co-op Fees Explained Work Experience Assessed Student Record Updated

Associate Dean of Graduate Studies

Associate Dean's Signature: _____ Date: _____