

APPLICATION FOR CHANGE OF STATUS DOCTOR & MASTER OF PSYCHOLOGY*

GS30



THE UNIVERSITY OF
MELBOURNE

* This form may be used by Master of Psychology/PhD students enrolled in the 1st year of the course. Later year students must complete the School of Graduate Studies form "Application for Change of Status".

This form is for completion by students requesting a change in status from full-time to part-time or from part-time to full-time.

The form should be completed by students in consultation with their supervisor(s) and convenors, and submitted to the Professional Programs Officer, Psychology Office.

SECTION 1: TO BE COMPLETED BY THE STUDENT

Course: Master of Psychology Doctor of Psychology Master of Psychology/PhD (1st Year only)

Stream: Clinical Child Neuro Org/Ind Forensic Health Current Enrolment: Full-time Part-time

Student No:

Name: _____

I wish to change to part-time full-time status as of ____/____/____* * N.B. Change in status is normally only permitted at the end of an academic year.

Reasons (please attach supporting documentation where available e.g. medical certificates): _____

Student's Signature: _____ Date: ____/____/____

SECTION 2: TO BE COMPLETED BY THE SUPERVISOR(S)

Change of Status : Supported: Not Supported:

Comments: _____

Supervisor's Signature: _____ Date: ____/____/____

SECTION 3: TO BE COMPLETED BY THE CONVENORS

Change of Status : Supported: Not Supported:

Comments: _____

Course Convenor's Signature: _____ Date: ____/____/____

Professional Programs Convenor's Signature: _____ Date: ____/____/____

