

# APPLICATION FOR CHANGE OF STATUS MASTER OF PSYCHOLOGY & MASTER OF PSYCHOLOGY/PhD (1<sup>st</sup> Year Only)\*

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 Graduate Studies Officer, Psychology Office.

## SECTION 1: TO BE COMPLETED BY THE STUDENT

Course:  Master of Psychology  Master of Psychology/PhD (1<sup>st</sup> Year only)

Stream:  Clinical  Child  Neuro 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

