



## Application for Full-Time Continuation Status

The normal status for continuation students is part-time. Under exceptional circumstances, and for a limited period of time, a continuation student may be identified as full-time.

In order for full-time status to apply, students will normally:

1. be geographically available to the university,
2. visit the campus regularly,
3. not be engaged in full-time employment (on or off campus) and
4. be in pursuit of their studies as a full-time occupation.

Students requesting full-time continuation status are required to complete and sign the attached disclosure. The form must be endorsed by the Supervisor, authorized by the Program Coordinator, and submitted to the Faculty of Graduate Studies and Research. Students will only be contacted if there are questions about the eligibility for full-time status. ***It is a serious offense for an individual applying for full-time continuation status to misrepresent themselves in regard to the above criteria.***

### Student: Fill out sections 1 to 5

#### 1. Provide your name and contact information

Student's Name \_\_\_\_\_ Student # A \_\_\_\_\_

Email \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

2. Identify your program \_\_\_\_\_

#### 3. Identify the terms for which you seek full-time status

September to December \_\_\_\_\_ year       January to April \_\_\_\_\_ year       May to August \_\_\_\_\_ year

4. Please provide a justification for this request. Include your employment situation, availability to the campus/supervisor, research/writing activities for the requested period and your anticipated program completion date. (Attach a separate page if needed). Failure to address these items will delay the processing of this application.

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**5. Sign the following declaration**

I am a full-time student: geographically available to the university; visit campus regularly; am NOT working full time (on or off campus); and am pursuing my studies on a full time basis. I understand that it is a serious offense to misrepresent my status.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Supervisor: Fill out section 6**

**6. Sign the following declaration**

I support the student's request for full time status and confirm, to the best of my ability, that they are working full time on their program and visit campus regularly.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Co-ordinator: Fill out section 7**

**7. Complete the checklist**

- Student has been registered for all semesters since admission and is currently registered
- Student's CGPA is at least 3.00
- Student has achieved a passing grade in all courses

I support the student's request for full-time status

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return form to:**  
**Saint Mary's University**  
**Faculty of Graduate Studies and Research**  
**heather.gray@smu.ca**  
**or**  
**leah.ray@smu.ca**

FGSR use: Approved:  Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_