

# GRADUATE STUDENT RECORD

Request to Admit  
Revision

Please forward to the Dean, School of Graduate Studies and Research. A copy of all admission documents and required letter of support must be attached.

Student's Name: \_\_\_\_\_

Student's Number: \_\_\_\_\_

Programme: \_\_\_\_\_

Status (full-time/part-time): \_\_\_\_\_

Date Studies to Begin: \_\_\_\_\_

Type of Admission: Conditional \_\_\_\_\_ Unconditional \_\_\_\_\_

\* If conditional, give conditions and date by which condition(s) must be met:

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

Name of Supervisor: \_\_\_\_\_

Names (and Departments) of Supervisory Committee Members:

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

Amount of support to be provided by supervisor/department:

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

Signature

Thesis area: \_\_\_\_\_

\_\_\_\_\_

Number and Names of Courses Required: \_\_\_\_\_

\_\_\_\_\_

Number of Optional Courses Allowed: \_\_\_\_\_

\_\_\_\_\_

GTA Requested (full-time students only) \_\_\_\_\_

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

**Please Note: If the student's thesis topic involves Human subjects, Animals, Biohazards or Radioactive material, the appropriate University approval will be required before any experiments can begin.**