

Kuwait University
College of Graduate Studies



Change of study Time Status
(Full Time / Part Time)

Student Name:

Student No:

Program:

College:

Requested Change:

From full time to part time

From part time to full time

Effective form:

First Semester

Second Semester

Year

Student Signature:

Date:

Program Director's Use Only

Approved

Rejected

Remarks:

Signature & Stamp of Program Director

Date:

Signature & Stamp of Area Committee Chairperson:

Date:

CGS Use Only

A) Scholarship Staff: is student currently receiving: Scholarship/Academic Scholarship/Excellence

Scholarship

Yes

No

Signature & Stamp of Scholarship Staff:

Date:

(Copy for scholarship staff in case of receiving scholarship and changing to part-time)

B) Admissions Staff: Does the program admit part-time students?

Yes

No

Signature & Stamp of Admission Staff:

Date:

C) Registration Staff:

Approved Effective Date from:

Rejected

Remarks:

Signature & Stamp of Registration Staff:

Date:

Signature & Stamp of Head of Admissions and Registration:

Date: