

SGS & ACTS Application for Full-time Status

A Student ma Please check Thesis/The Internship		pplies to you		y are er	nrolled i	in one of the	e following	; :		
	off which a S Financial a an Funding	<i>pplies to you</i> Aid	u		an)					
This status requires students to be working at least 24 hours per week on their internships and/or thesis and enables students to maintain their eligibility for loan funding or for interest free status on provincial and/or federal loans. This form is valid for one semester. This form should be submitted to the Program Director or Thesis Supervisor for approval.										
Term:	Fall Spring Summer				Year: 20					
Name:					Student ID:					
Academic Advisor:					Thesis Supervisor:					
Internship Supervisor:					Internship Site:					
These I	nours will b	e complete	d during th	wing tin	ving times: (Fill in typical hours for each day)					
	Sunday	Monday	Tuesday	Wedr	nesday	Thursday	Friday	Saturday	Total	
Thesis										
	Internship By signing this form I hereby verify that I am working at least 24 hours/week on my thesis and/or									
				_			eek on my	thesis and/	or	
internship, and therefore request to be considered a						e student.				
Student Signature:					Date:					
Thesis Supervisor or Program Director Signature:					Date:					
Print Name Here:					Position:					
Financial Aid Approval:					Date:					