

## **Requesting Full-Time Off-Campus Study**

Full-time students who will not be living within close proximity of OISE (normally considered about 90 km) are required to have the approval of their Supervisor/Advisor and Department Chair to register on a full-time basis while off-campus.

Complete Sections 1 and 2 of the [Request for Full-Time Off-Campus Study Form](#) and submit to your Thesis Supervisor or Faculty Advisor for approval. Once all departmental signatures have been obtained, the form is forwarded to the OISE Registrar's Office, Graduate Unit for inclusion in your official file.

Students who will be living outside Canada will be registered with the International Student Exchange Office's Safety Abroad Program within one week of receipt of this form in the Registrar's Office. Students must then logon to the Emergency Data Base at [www.utoronto.ca/safety.abroad](http://www.utoronto.ca/safety.abroad) to confirm that their name has been registered and to provide additional information.

See below for the [Request For Full-Time Off-Campus Study Form](#).



**REQUEST FOR FULL-TIME OFF-CAMPUS STUDY FORM**

Please return this form to the OISE Registrar's Office, Graduate Studies Unit, 252 Bloor St. W., Toronto, Ontario M5S 1V6.

**SECTION 1:**

Date: \_\_\_\_\_ Student Number: \_\_\_\_\_

Name: \_\_\_\_\_ Department: \_\_\_\_\_

Address: \_\_\_\_\_ Degree: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Thesis Supervisor: \_\_\_\_\_

Thesis Title: \_\_\_\_\_

**SECTION 2:** Information required in support of request.

1. Place of residence while off-campus: (If outside Canada, your name will be registered with the International Student Exchange Office's Safety Abroad Program within one week of receipt of this form in the Registrar's Office. Students must then logon to the Emergency Data Base at [www.utoronto.ca/safety.abroad](http://www.utoronto.ca/safety.abroad) to confirm that their name has been registered and to provide additional information.)

2. Purpose of visit: (Fully describe the **academic reasons** for undertaking your research off-campus)

3. Frequency of contact with supervisor:

4. Period of absence: From \_\_\_\_\_ To \_\_\_\_\_  
month year month year

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 3:** I recommend the above student be permitted to register full-time off-campus.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Thesis Supervisor/Faculty Advisor

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
OISE Department Chairperson