

# Thesis/Practicum/Comprehensive Exam Writing Term Application Form

A single Thesis, Practicum, or Comprehensive Exam Writing Term is available to graduate students who have completed all other program course requirements and need an additional term beyond the normal time to completion to finish writing their theses, practicum reports, or comprehensive exams.

Enrolment in a Thesis/Practicum/Comprehensive Exam writing term requires payment of required student health plans, if applicable. No other fees are required.

To request a Thesis/Practicum/Comprehensive Exam Writing Term, complete this form, including all signatures, and submit to [graduateadmissions@uwinnipeg.ca](mailto:graduateadmissions@uwinnipeg.ca) by the deadlines below.

**Deadline to apply:** the end of the add/drop period for Fall and Winter terms, and May 15 for Spring/Summer terms. Please see the Graduate Studies Academic Calendar to determine the appropriate deadline.

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## Section 1. Student Information

Full name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City, Province Postal Code

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
MM/DD/YYYY

I am requesting a

Thesis Writing Term  Practicum Writing Term  Comp. Exam Writing Term

to complete the following degree and program:

Degree: \_\_\_\_\_ Program: \_\_\_\_\_

Please check the term and indicate the year of when the Thesis/Practicum/Comprehensive Exam Writing Term is to take effect:

Fall \_\_\_\_\_  
Sept.-Dec. YYYY

Winter \_\_\_\_\_  
Jan.-Apr. YYYY

Spring/Summer \_\_\_\_\_  
May-Aug. YYYY

**I declare that I have answered all questions correctly and understand that misinformation may invalidate my request for a Thesis/Practicum/Comprehensive Exam Writing Term.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
MM/DD/YYYY



## Section 2. Graduate Program Approval

The above named student has permission of the \_\_\_\_\_  
program to take the Thesis/Practicum/Comprehensive Exam Writing Term required to  
complete their degree requirements.

GPC Chair (or designate): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature MM/DD/YYYY

**Please return the completed and signed form to**  
[graduateadmissions@uwinnipeg.ca](mailto:graduateadmissions@uwinnipeg.ca)

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## Section 3. Graduate Studies Office Approval

Graduate Studies Approval Date: \_\_\_\_\_

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