

PART-TIME STATUS APPLICATION

Name: _____ Student B-Number: _____

Term for which part-time status is requested: _____ Classification: _____

Reason for request: _____

Dropped Course(s) – If application is for current term

CRN	Dept	Course	Sec	Title	Credit	Total Credit

Part-time conditions (see college catalog for complete policy):

1. Part-time students may lose eligibility for state and/or financial aid. Please speak to the Student Financial Aid office to understand any related consequences.
2. Part-time students are not eligible to participate in intercollegiate sports
3. Students normally are not eligible for more than one part-time term.
4. Students on part-time status must remain enrolled in at least 1.5 credits.
5. Submit form, with all required signatures, to the Office of Academic Services.

I have read and accept the conditions for part-time status.

Date _____ Student Signature _____

Date _____ Advisor Signature _____

F-1 International Students must have the signature of a Designated School Official (DSO) before submitting.

Date _____ DSO Signature _____

===== Office Use Only =====

Approved _____ Not Approved _____ Graduation Date Moved: Y _____ N _____

For SAAS: Office of Academic Services or
Director of First-Year Initiatives

Date

cc: Student, Student Financial Aid, Advisor, International Student Advisor (if applicable)

Revised: 11/18