PETITION FOR LESS THAN FULL-TIME STATUS

INSTRUCTIONS: Part-time status means that a student can enroll for less than 12 credit hours during a given term. If you are seeking part-time status, complete this petition and attach the required supporting documentation.

DEADLINE: The Petition for Less than Full-Time Status must be submitted to the Registrar by the end of the ninth week (Friday, 5:00 pm) of the regular term—Fall, Winter, or Spring—before the term of intended less than full-time status.

Students approved for enrollment for less than full-time status pay the same fees as full-time students. Fees during academic terms are assessed as a flat rate, regardless of the number of units enrolled. **There is no automatic fee reduction for enrolling in less than 12 credits.**

Students should make inquiries into how a change to less than full-time status will affect their health insurance coverage, overall financial aid/scholarship, and housing options **before** submitting this form.

Student Name: ____________________________________________________________

  First               Middle               Last

Student ID: A00000_________ Phone: ______________________________

Major/Concentration: ___________________________________________ Intended Graduation Date: ______________

QUARTER OF CHANGE:  Fall  Winter  Spring  Year: __________

REASONS FOR REQUESTING PART-TIME STATUS:

☐ Health Conditions (Letter from a physician or medical documentation must be attached).

☐ Accommodation for a Disability (Letter from a physician or medical documentation must be attached).

☐ Principal Responsibility for Family Care (Letter of explanation must be attached).

☐ Other Circumstance/Situation (Letter of explanation must be attached).

☐ I have consulted with the Director of Financial Aid and with Student Billing to ensure I am aware of potential impacts on my financial aid package and billing. By checking this box, I affirm that I am aware of changes to financial aid and billing that will take place as a result of submitting this petition.

STUDENT SIGNATURE: ___________________________________________ DATE: ______________

The following signatures must be provided before submission and approval to the Office of the Registrar.

Academic Advisor: ___________________________________________ DATE: ______________

Dean of Students: ___________________________________________ DATE: ______________

Director of Financial Aid: _______________________________________ DATE: ______________

FOR OFFICE USE ONLY: Date of APRC review: _______________________ APRC approval APRC denial

Date processed in Registrar’s Office: _______________________ By: ___________________