



**REQUEST FOR:
LESS THAN FULL TIME ENROLLMENT**

International students must be maintaining a full time course load during the regular terms (Spring and Fall). Undergraduate full time status is 12 credits per term, and Graduate full time status is 9 credits per term. The exception is if it is the last term of study for the student's academic program. Less than full time status may affect eligibility for work permits and may also affect scholarship status. ∴

INSTRUCTIONS: Please provide the information requested below, obtain the appropriate signatures required, and return the form to the Enrollment Services Office for processing.

Last Name: _____ First Name: _____ Student ID: _____

Program Major: _____ Concentration: _____

E-mail: _____ Home Phone: _____ Cell Phone: _____

Street: _____ Province/State: _____

Apartment: _____ Country: _____

City: _____ Postal Code: _____

For the reason stated below, I am requesting to take a Part Time Academic course load. **Effective Term:** Spring _____ Fall _____
*You must state a reason or this form will not be approved

Reason(s):

- Medical: Appropriate physician's statement must be submitted to the Director of Enrollment Service
- Financial: _____
- Academic: _____
- Employment: _____
- Other: _____

I understand that I am responsible for my outstanding financial obligations with the University. I understand that part time status may make me ineligible for financial aid from the university and I understand that if I am receiving financial aid through a government program, my financial aid may be affected by studying less than full time and that it is my responsibility to contact the appropriate agencies to notify them of my status. I understand that I am responsible for all immigration implication associated with my part time status.

Student's Signature: _____ Date: _____

ACADEMIC ADVISOR		
Comments: _____		
Academic Advisor's name: _____ Signature: _____ Date: _____		

TO BE COMPLETED BY THE ENROLLMENT SERVICES OFFICE			
CGPR	_____	CUM. CREDITS	_____
Less than full time:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	Deemed full time: <input type="checkbox"/> YES <input type="checkbox"/> NO
Comments:	_____		
CHECKED BY: _____ Date: _____			

Program Coordinator Signature	Date
Student Services Signature	Date
Enrollment Services Signature	Date

SS Comments: _____

*Copies: Academic advisor, Enrollment Services, and Student Services.