



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

## Vancouver Campus

### **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: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ Date: \_\_\_\_\_

Less than full time: ☐ Approved ☐ Not Approved Deemed full time: ☐ YES ☐ NO

Comments: \_\_\_\_\_

\_\_\_\_\_  
Program Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Services Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Enrollment Services Signature

\_\_\_\_\_  
Date

SS Comments: \_\_\_\_\_

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