REQUEST FOR PART-TIME STATUS DAY DIVISION (XRG)

WESTFIELD STATE UNIVERSITY OFFICE OF THE REGISTRAR

| ☐ FALL | SPRING Year: |
|--|--|
| STUDENT NAME: | CWID: A |
| apply to do so by submitting this | duce their status to part-time (less than 12 credits in a semester) may form. You degree audit will be reviewed to determine eligibility. If be calculated at the part-time rate. The deadline to submit this form is 8 th for spring. |
| I am requesting this status for the fo | llowing reason: (check one) |
| I am a graduating senior in | n my final semester. |
| I am participating in the D | risney internship program. |
| STUDENT SIGNATURE | DATE |
| (1) Return to full-time status; | semester only. At the end of that semester, the student may: llege of Graduate and Continuing Education, for continued part-time study. |
| ENROLLMENT STATUS: | This form does NOT allow the University to certify you as a full-time student. Only students with 12 credits or more will be certified as full-time. |
| FINANCIAL AID: | To maintain satisfactory academic progress (SAP) for continued financial aid eligibility, students must complete at least 67% of the |
| ATHLETICS: VETERANS: | courses all credits attempted during the academic year. Students may make up credits during a winter and/or summer sessions that immediately follow the term in which you withdrew from a course. Please consult with the University's NCAA compliance officer to ensure your continued eligibility to play. Please consult with Veteran's Affairs to ensure your benefits have not been affected. |
| PART-TIME STATUS APPROVEI | D DENIED |
| REGISTRAR'S SIGNATURE: | Date |
| Processed by: Date | : Rev. 08/2023 |