

REQUEST FOR PERMISSION TO CHANGE PROGAM STATUS

Name:	Class: Date:
Entering Status: Part-Time Full-Time	Number of Credit Hours Successfully Completed:
I would like to: (Please check one)	
☐ Move from Full-Time to Part-Time Status	☐ Take Fewer Than 8 Credit Hours
☐ Move from Part-Time to Full-Time Status*	
* To be eligible to transfer from part-time status semesters, have at least 18 credit hours of first-y	s to full-time status, you must have completed two regular year courses and, have a cumulative <u>GPA of 3.0</u> .
semester in which they take more than 12 cre	1-time students may not work more than 20 hours per week in any
Reason for Request to Change Status:	
By signing below, you are certifying that you is Signature:	have read <u>and</u> understand all of the above information. Date:
	ORM TO THE OFFICE OF THE REGISTRAR
FOR THE USE OF THE O	OFFICE OF ACADEMIC AFFAIRS ONLY
	charged per credit hour for the current semester: Yes No
Associate Dean of Academic Affairs:	Date:
Notification to Business Office: Fin	inancial Aid Office: