## 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 <sup>th</sup> 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 <u>complete</u> at least 21 credits during each 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.
ATHLETICS:	Please consult with the University's NCAA compliance officer to
VETERANS:	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. 06/2020