REQUEST FOR PART-TIME STATUS DAY DIVISION (XRG)

WESTFIELD STATE UNIVERSITY **OFFICE OF THE REGISTRAR**

	fall C	SPRING	Year:	
STUDENT NAME:				CWID: A
apply to do so by submi	tting this form 1 fees will be c	n. You degree calculated at the	audit wil	e (less than 12 credits in a semester) may ll be reviewed to determine eligibility. If he rate. The deadline to submit this form is
I am requesting this status	for the follow	ving reason: (ch	eck one)	
I am a graduatir	g senior in my	final semester		
I am participation	ng in the Disne	ey internship pr	ogram.	

Part-time status may be granted for one semester only. At the end of that semester, the student may: (1) Return to full-time status;

(2) Transfer the matriculation to the College of Graduate and Continuing Education, for continued part-time study.

DATE_____

	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. To maintain satisfactory academic progress (SAP) for continued financial aid eligibility, students must complete at least 67% of the
ATHLETICS:	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
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. 08/2023