



# Graduate Exception for Half-Time Enrollment

Student's Name (Last, First, MI)

myWSU ID Number

Phone Number

## INSTRUCTIONS >>>

Check the following box that applies to you...

I am currently receiving financial aid and request the Office of Financial Aid to consider me as a graduate half-time student for the purpose of in-school loan deferment.

**Complete and return this form to the Office of Financial Aid, 203 Jardine Hall, Campus Box 24.**

I am not currently receiving financial aid and requesting the WSU Registrar's Office to consider me as a graduate half-time student for the purpose of in-school loan deferment. **Complete and return this form to the WSU Registrar's Office.**

## SECTION A >>> STUDENT STATEMENT

I request to be considered for the graduate half-time\* enrollment requirement for the \_\_\_\_\_ (Semester/Year). My workload includes any combination of courses, \_\_\_\_\_ research, or special studies that Wichita State University considers half-time.

Student's Signature (Required)

Date

Digital signature cannot be accepted

**Warning:** If you are not a student member of the American Association of University Professors (AAUP), you must first become a member of the AAUP before you can be considered for half-time status.

**Affirmation:** I affirm that the information provided above is true and accurate to the best of my knowledge.

\* Graduate half-time enrollment for federal student loans is a minimum of 5 credit hours for the fall and/or spring semesters or 3 credit hours for the summer term.

## SECTION B >>> GRADUATE ADVISOR STATEMENT

The above-mentioned student is considered by the College of \_\_\_\_\_ as half-time for the \_\_\_\_\_ (Semester). I approve their workload includes any combination of courses, thesis, dissertation or other academic research, or special studies that Wichita State University considers half-time.

## SIGNATURE & AFFIRMATION >>>

By signing below, I affirm and commit that the student's workload meets the requirement for half-time status.

Advisor's Printed Name

Advisor's Signature (Required)

Date

Digital signature cannot be accepted

Financial Aid Officer's Signature

Date

ROAENRL Updated

COA Revisited