



## 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 requesting the Office of Financial Aid to consider me as a graduate half-time student for the purpose of federal student aid and in-school loan deferment. This form must be completed each semester. **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. This form must be completed each semester. **Complete and return this form to the WSU Registrar's Office, 117 Jardine Hall, Campus Box 58.**

### SECTION A >>> STUDENT STATEMENT

I am requesting an exception to the graduate half-time\* enrollment requirement for the \_\_\_\_\_ (Semester/Year). My workload includes any combination of courses, thesis, dissertation or other academic research, or special studies that Wichita State University considers half-time.

Student's Signature (Required)

Date

Digital signature cannot be accepted

**Warning:** If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees. If you purposely give false or misleading information on this form, you may be fined \$20,000, receive a prison sentence, or both.

**Affirmation:** By signing above, I certify that all information I have submitted is accurate and verified with supporting documentation.

\* 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/Year). 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 authorize and confirm that the student's workload meets the requirement for half-time status.

Advisor's Printed Name

Advisor's Phone Number

Advisor's Signature (Required)

Date

Digital signature cannot be accepted

**OFFICE USE ONLY**

Financial Aid Officer's Signature

Date Reviewed

- ROAENRL Updated
- COA Reviewed
- Copy to Registrar's Office