

Student's Name (Last, First, MI) \_\_\_\_\_ myWSU ID \_\_\_\_\_

**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 this form with your advisor 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.

**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 below, I certify that all information I have submitted is accurate and verified with supporting documentation

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**Typed signature cannot be accepted**

**\* 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.

**CERTIFICATIONS AND SIGNATURES**

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

**Typed signature cannot be accepted**

**Financial Aid Officer's Signature/Date** \_\_\_\_\_

☐ ROAENRL Updated

☐ COA Reviewed

☐ Copy to Registrar's Office