Graduate Exception for Half-time Enrollment

2026-2027

WICHITA STATE UNIVERSITY

FINANCIAL AID AND SCHOLARSHIPS

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

INSTRUCTIONS >>> CHECK THE BOX THAT APPLIES TO YOU

☐ I am currently receiving financial aid and requesting the Office of Financial Aid & Scholarships to consider me as a graduate half-time student for the purpose of federal student aid and in-school deferment. This form must be completed each semester. Complete this form with your advisor and return to the **Office of Financial Aid & Scholarships, 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 this form with your advisor and return to the **Registrar's Office, 117 Jardine Hall, Campus Box 58.**

SECTION A >>> STUDENT CERTIFICATIONS AND SIGNATURES

I am requesting an exception to the graduate half-time* enrollment requirement for the following semester: _____. My workload includes any combination of courses, thesis, dissertation or other academic research, or special studies that Wichita State University considers half-time.

***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.**

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 | Student's Printed Name

Typed Signature cannot be accepted

SECTION B >>> GRADUATE ADVISOR CERTIFICATION AND SIGNATURES

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 considered half-time.

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

_____ _____

Advisors Signature | Date

Types signature cannot be accepted

_____ _____

Advisor's Printed Name | Advisor's Phone Number