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 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

WICHITA STATE UNIVERSITY | Office of Financial Aid | Jardine Hall Rm. 203 | 1845 Fairmount Street | Wichita, KS 67260-0024
tele: (316) 978-3430 | toll free: 1-855-WSU1STP (978-1787) | fax: (316) 978-3396 | web: www.wichita.edu/financialaid

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