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