Request for Part-time Scholarship Status
REQUEST ONLY AVAILABLE WHEN STUDENT HAS NO OTHER COURSES AVAILABLE TO FILL PROGRESS TOWARDS DEGREE

Students Name: _____________________________ Date: _____________________

Dixie ID: ___________________________ Major: __________________________

Are you a Student Athlete?  ☐ Yes  ☐ No  If yes, form must also be signed by NCAA Advisor.

I would like to request permission to receive all/part of my scholarship while attending less than 15 credits for the ☐ Fall  ☐ Spring semester of the ______ school year.

I am requesting:

☐ Full time (12+ cr.)  ☐ ¾ time (9-11 cr.)  ☐ ½ time (6-8 cr.)

For the following qualified reasons:

☐ Waiting to apply for a program  ☐ About to Graduate

☐ Medical Issues that require PT Status  ☐ Other: __________________________

*must include documentation

Please explain, in detail, the circumstances behind why you need part-time status:

________________________________________________________________________
________________________________________________________________________

By signing you signal your agreement to the following:

• I understand that my scholarship may be reduced based on my enrollment percentage above and my enrollment status.
• I agree to forfeit the remainder of this semester’s total waiver amount.

Student Signature ___________________________ Date____________________

**If approved, we will adjust your scholarship amount based upon your enrollment percentage. Please note, this will use up a full semester of eligibility for your scholarship. You cannot have another part time semester added to the end of your scholarship term limit eligibility. (ex: use ½ semester for fall, we cannot add an additional semester for the other ½)

***Advisor must complete***

☐ I have reviewed this student’s course options, and certify that the above is correct.

Advisor Signature ___________________________ Date____________________

***NCAA Advisor must complete if student is an athlete***

NCAA Advisor Signature ___________________________ Date____________________

******Office Use Only – Do Not Write Below This Line******

GPA: _____________  Completed Hours:___________ ( ) Approved  ( ) Denied
Comments:  ( ) Degree Audit Approved

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please note: You must be enrolled for 6 or more credits for each semester to request part-time status. We will not accept pictures of forms. We only accept scanned or original forms for documentation.