



DSU Financial Aid & Scholarships
225 South University Ave
St. George, UT 84770
Phone: 435-652-7578
Email: scholarships@dixie.edu

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.) [ ] 3/4 time (9-11 cr.) [ ] 1/2 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 1/2 semester for fall, we cannot add an additional semester for the other 1/2)

\*\*\*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

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_