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.
• If approved, I will be required to sign a scholarship contract before my scholarship will disburse.

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.