

Complete the following ONLY if requesting
a part-time/full-time status change or an overload/underload.

(Section below regarding financial aid MUST be completed)

FINANCIAL AID:

Are you currently receiving, have you ever received, or do you anticipate receiving financial aid of any kind (loans, scholarships etc.) from STCL? Yes____ No____. (If yes, you must have a financial aid officer answer the following question and sign this form in the space indicated.)

If this request is granted, this student's financial aid will ____ will not ____ be required to be repackaged.

Date

Financial Aid Officer

A. To change full-time/part-time status:

I am currently _____-time and wish to change to _____-time.

Have you been granted a change in enrollment status before? Yes _____ No _____.

If yes, when and why?

If this request is approved, I will be required to add or drop the following courses, if any:

Add: _____

Drop: _____

B. To take an underload or overload:

If this request is approved, I will be required to add or drop the following courses, if any:

Add: _____

Drop: _____

Have you ever requested an underload _____? Or overload _____? If yes, why and why?

I understand that because of the ABA Residency Requirement (1) an underload may mean I will have to complete more than 90 semester hours to graduate and (2) an overload may not necessarily allow me to graduate early. Yes _____ No _____.