

## UNDERGRADUATE PART-TIME CANCELLATION FORM

Undergraduates with part-time status must complete this form to be eligible to enroll in more than 10 credits.

Student Name: Last, First, Middle

STUDENT I.D. NUMBER

I am cancelling my part-time status beginning    Fall       Winter       Spring       Year

**Note: You must re-apply to return to the part-time program.**

Your full-time status will be provided to the Financial Aid and Student Business Services offices. Returning to full-time may affect your financial aid and deferred payment plan. Contact these offices for more information.

I understand the implications of the cancellation on my student status and the quarterly fee assessment.

**Student Signature**

**Date**

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**Office Use Only**

**Processed By**

**Date**

Revised: 07/18/16