

Request to change from Full-Time to Part-Time status in last year or semester

Student Name: _____ SID: _____

Semester(s) requesting PT status: _____

Date of request: _____

Total credits earned at end of present semester: _____

Total credits needed to graduate after this semester _____

List all courses needed to meet all remaining degree requirements:

Credits transferred to Siena College: _____

Transfer credits earned after coming to Siena: _____

Number of FT semesters at Siena: _____

Does the student live on campus this semester: **Yes** **No**

Does the student intend to take PT courses at **Siena** or **Elsewhere**?
(If elsewhere, the student must fill out a "Permission to Complete Degree Elsewhere" form)

Has the student been informed in writing of the consequences of going to PT (attach signed memorandum regarding changing from FT to PT status)? **Yes** **No**

Home address: _____

Attach the following:

1. Written request by student to change from FT to PT status
2. Copy of memorandum regarding implications of changing from FT to PT status
3. If appropriate, a completed "Permission to Complete Degree Elsewhere" form. (This is only authorized in cases of hardship or unavoidable changes in personal circumstances)

Form filled in by: _____ Date: _____

Academic Affairs Approval: _____ Date: _____

DISTRIBUTION:
ORIGINAL: REGISTRAR'S OFFICE
COPY: ACADEMIC AFFAIRS OFFICE, SCHOOL OFFICE, Student