

SARAH LAWRENCE COLLEGE GRADUATE STUDIES

Note: You are responsible for obtaining signatures from each of the departments listed on this form.

Full Time to Part Time Request Form

FT to PT - effective date: _____

Semester(s): _____

Student's ID#: _____

Student's Legal Name: _____

Number of Credits: _____

Class: (G1/G2/G3): _____

Division: GR

For Student:

My signature below confirms that I will change my status from full time to part time as described in this document and understand the financial implications of this. I understand that I will remain in part time status until paperwork is completed that moves me back to full time status.

Student Signature: _____

For Program Director:

My signature below confirms that I have approved this student to go from full time to part time status and have gone over the tuition refund schedule with the student if this change happens mid-semester.

Program Director Signature: _____

For Financial Aid:

My signature below confirms that I have met with this student to discuss how their part time status will affect their financial aid awards.

Graduate Financial Aid Officer

Signature _____

For International Graduate Student Advisor (when applicable):

My signature below confirms that I have met with this student about their F1 status regulations related to this change from full time to part time status:

Graduate International Student Advisor Signature: _____

Students: Please email completed form to gradadministration@sarahlawrence.edu.