

SARAH LAWRENCE COLLEGE GRADUATE STUDIES

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

Part Time to Full Time Request Form

PT to FT - effective date: _____

Semester(s): _____

Student's ID#: _____

Student's Legal Name: _____

Class: (G1/G2/G3): _____

Division: GR

For Student:

*My signature below confirms that I will change my status from part time to full time as described in this document and understand the financial implications of this. I understand that I will remain in full time status until a **Full Time to Part Time Request Form** is filed to move me back to part time.*

Student Signature: _____

For Program Director:

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

Program Director 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 part time to full time status:

Graduate International Student Advisor Signature: _____

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