



# Petition for Part-Time Study

Implementation Date: \_\_\_\_\_

**Student Information:**

AUA ID: \_\_\_\_\_

Full Name: \_\_\_\_\_  
Last Name First Name Middle Name

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

AUA E-mail: \_\_\_\_\_

First Term/Semester of Study: Fall Spring Summer Year: \_\_\_\_\_

Degree Level: UGRAD GRAD Total # of Credits Completed: \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_

Degree Program: \_\_\_\_\_ Year: \_\_\_\_\_

Last Name

First Name

AUA ID

I hereby apply for part-time status for the Fall Spring semester of the academic year \_\_\_\_\_.

I would like to enroll in the following course(s) only:

CRN	Subject Code	Course Number	Course Title	Credits

I understand that I need the approval of the Program Chair. I also understand that if my petition is approved, I will have to sign an amendment to my Education Contract and pay the tuition amount indicated on the Amendment.

I understand that Financial Aid is not offered to Part-Time students and any Financial Aid I currently receive will be suspended while I study part-time.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only:**

Petition Approved with Good Cause

Petition Denied. Please include reason in space below:

Office of the Registrar

Program Chair/Dean Signature \_\_\_\_\_

Date \_\_\_\_\_