



Financial Aid Part-time Status Update Form

PRIORITY DEADLINES: Fall - Aug 1 Winter - Nov 1 Spring - Feb 1 Summer - May 1

This form is used to update the Financial Aid Office with information from your academic department that indicates the reason for your part-time status (less than 8 hours per quarter) for TOPS and/or University Scholarships that require full-time enrollment status. The request must be turned into the Financial Aid Office by the end of drop/add each quarter when enrolled part-time. *Please note that enrolling in fewer than 8 credit hours can impact loans, grants, and other financial aid. Enrolling in fewer than 8 hours may impact the TOPS/Scholarship award amount that will be received for the quarter.*

Name:

Date

Campus E-mail:

Tech CWID:

Quarter/Year for which you are requesting aid eligibility:

I will be enrolling in hours (#).

Major:

Program requires less than full-time enrollment to complete the undergraduate degree.

List the course(s) for which you are requesting aid eligibility:
Type in the course name (i.e. BIOL 201) or choose from the drop-down list.

Select the reason you will not be enrolled full-time:

- Graduating Quarter
- Course of Study (i.e. Nursing)

**Students who are NOT enrolled in Nursing Clinical or Education Residency courses and choose "Course of Study", must also provide a memo/completion plan from their academic advisor regarding their reason for less than full-time enrollment.

Name of Course	#CrHrs	If applicable, clinical/contact hrs/week.
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

This information is needed for the following fund(s)--check all that apply:

- TOPS (Taylor Opportunity Program for Students-Louisiana Residents)
- Admissions Scholarship (National Merit, Presidential, Dean's, Outstanding, President's Choice, Valedictorian)
- Other Scholarship: _____

*Note: It is the students' responsibility to get the departmental signatures prior to turning this form in to the Financial Aid Office.

Student Signature: _____

FOR DEPARTMENTAL STAFF USE ONLY:

Select Approved Quarter: fall winter spring summer

Department Name:

Print Name:

Dept Signature: _____

Date:

FOR FINANCIAL AID STAFF USE ONLY:

Approved Denied Incomplete fall winter spring summer

Reviewed by:

Date: