LOUISIANA TECH UNIVERSITY
Office of Financial Aid

Part-time Status Update Form 2022-2023

Please return this completed form to:
Louisiana Tech University
Office of Financial Aid
PO Box 7925 Ruston, LA 71272
techaid@latech.edu

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.*

STUDENT'S Last Name | First Name | MI | STUDENT'S CWID or SSN

Quarter for which you are requesting aid eligibility:

Number of Hours which I will be enrolling: - - -

Current Major:

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.

List the course(s) for which you are requesting aid eligibility:

Name of Course	Credit Hours	Clinical/Contact hrs per week (if applicable)

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:

* It is the student's responsibility to get the departmental signatures prior to returning this form to the Office of Financial Aid.

Student Signature: **Date:**

FOR DEPARTMENTAL STAFF USE ONLY

Select Approved Quarter: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

DEPARTMENT Name: DEPARTMENT Head Printed Name:

Dept. Head Signature: **Date:**

FOR OFFICE OF FINANCIAL AID STAFF USE ONLY

☐ Approved ☐ Denied ☐ Incomplete ☐ Fall ☐ Winter ☐ Spring ☐ Summer

Financial Aid Counselor (Reviewer): Date: