# 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

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) |
|---|---|---|
| | | |
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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:**

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**FOR DEPARTMENTAL STAFF USE ONLY**

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

DEPARTMENT Name: DEPARTMENT Head Printed Name:

**Dept. Head Signature:** **Date:**

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**FOR OFFICE OF FINANCIAL AID STAFF USE ONLY**

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

Financial Aid Counselor (Reviewer): Date: