

Email form to EHD Registrar: ehd-registrar@virginia.edu

Request for Temporary Part-Time Status

Name:	Expected Graduation date:	
UVA ID:	UVA Email:	Phone:
MPORTANT INFORM	IATION:	
For purposes of tui	tion, part-time enrollment is cla	assified as a maximum of six credits.
• •	d to a maximum of 16 total cred	
		ty, financial aid, visa status, health and auto insurance
eligibility. Check be	fore you submit this request.	
Part-time status is	normally granted during the gra	aduating semester only. Student and advisor should
•	emic requirements can be met b	
This form must be	submitted by the DROP deadling	e of the semester for which the request is made.
=	YESNO Athletics Eligibility Coordinator	
=	onal Student?*YES must obtain permission from the Ir	
hereby request part	-time status for:Fall	ISpring 20
Please list the two co pefore you submit th	, ,	g for. You can (and should) register for your courses
1)		_2)
signature of Student		
Signature of Advisor*	:	
= -	viewed their academic requiremen	g the semester they intend to graduate, signing this form nts and acknowledge that they can complete their graduation
Office Use Only		
-		
ignature of Associate	Dean:	
onatare of Associate	. Death	