

WAIVER of FULL -TIME STUDY REQUIREMENT For NEW YORK STATE AID

Financial Aid & Registrar Use

This **3 PART** application is for students seeking a waiver of the full-time study requirement as per Section 145-2.1 of the Regulations of the Commissioner of Education for New York State Financial Aid programs.

Credit-bearing courses in the student's full-time course load (12 credits) must consist of courses applicable to the primary program of study as a Core/General Education requirement, major requirement, or elective (needed to fulfill program requirements). If a student is unable to meet this requirement <u>due to academic constraints beyond their control</u>, they may request this waiver.

Note: in the <u>final term of study</u>, fewer than 12 credits are needed, but student enrolls in at least one course to complete the primary program, electives may be included to determine full-time status even if not required to complete graduation requirements. In the <u>second to last term</u>, the student may enroll in at least 6 credits needed to meet their primary program.

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STUDENT INFORMATION:						
First N	Name: Middle Initia	al: Last Name:				
CCC So	School ID#: CCC Email:	il:@students.clinton.edu				
Major	or(s):	Expected Graduation Date:				
Requesting Waiver for Term (e.g. Fall 20XX):						
СОМР	PLETE FOLLOWING SECTIONS WITH YOUR ACAL	DEMIC ADVISOR:				
Reason for Waiver Request (Check All That Apply):						
	Advanced Placement (AP), International Baccalau	ureate (IB), or other college credits from high school impacting				
	enrollment and/or full-time status					
	Transfer credits affecting enrollment and/or full-ti	time status				
	Required courses are unavailable in the semester	r				
	Additional academic requirements (i.e. declared n	minor, pre-med curriculum)				
	Other (please specify):					



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COMPLETE FOLLOWING SECTIONS WITH YOUR ACADEMIC ADVISOR:

EXPLANATION OF CIRCUMSTANCES:

Please provide a clear and comprehensive explanation for why the full-time study requirement could not be met this semester. Attach additional pages if necessary to explain the circumstances. For example, if the number of elective credits exceeds the number of credits needed to graduate, please include the type of number of elective credits transferred. If there are any issues with course availability, please provide a clear explanation of what/why requirements could not be taken this term.



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Spring xxxx | Course # | Elective | 4 cr

COMPLETE FOLLOWING SECTIONS WITH YOUR ACADEMIC ADVISOR:

PROPOSED STEP-BY-STEP ACADEMIC PLAN:

Ex: Spring xxxx | Course # | Major | 4 cr

Outline how you will complete your degree while maintaining the required credit hours. Attach additional pages if necessary.

Term and Year (Fall XXXX)	Course (e.g. ENG 101)	Requirement Achieved (e.g. Core, Major, etc.)	Credit Hours (e.g. 3.00, 4.00)
		•	

•	NT: If confirm this student is unable to meet the fullor or the consideration of a full-time study waiver.	•	ns
Advisor Name	Advisor Signature	Date	
STUDENT ACKNOWDEDGEMEN	т:		
I certify that the information prototal aid eligibility.	ovided is accurate, and I understand that approv	ral of this waiver does not guarantee my	
Student Name	Student Signature	 Date	

Return form to FinancialAid@clinton.edu