

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 **due to academic constraints beyond their control**, 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 Name <u>:</u>	Middle Initial:	Last Name:		
CCC School ID# <u>:</u>	CCC Email:		@students.clinton.edu	
Major(s):		Expected G	raduation Date:	
Major(5)				

Requesting Waiver for Term (e.g. Fall 20XX):_____

COMPLETE FOLLOWING SECTIONS WITH YOUR ACADEMIC ADVISOR:

Reason for Waiver Request (Check All That Apply):

- Advanced Placement (AP), International Baccalaureate (IB), or other college credits from high school impacting enrollment and/or full-time status
- □ Transfer credits affecting enrollment and/or full-time status
- Required courses are unavailable in the semester
- □ Additional academic requirements (i.e. declared 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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COMPLETE FOLLOWING SECTIONS WITH YOUR ACADEMIC ADVISOR:

PROPOSED STEP-BY-STEP ACADEMIC PLAN:

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

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

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)

ACADEMIC ADVISOR STATEMENT:

I have reviewed this request and confirm this student is unable to meet the full-time study requirement due to the reasons explained above and is eligible for the consideration of a full-time study waiver.

Advisor Name

Advisor Signature

Date

STUDENT ACKNOWDEDGEMENT:

I certify that the information provided is accurate, and I understand that approval of this waiver does not guarantee my total aid eligibility.

Student Name

Student Signature

Date

Return form to <a>FinancialAid@clinton.edu