Graduate Student
FT Enrollment Exception Request
(with full-time status)

The University of Akron
School of
Graduate Studies

For use by graduate students seeking to be considered a full-time student with less than nine graduate credit hours in Fall or Spring or two graduate credit hours in Summer.

Fill out *one* section only.

Term for which full-time enrollment exception is requested: Term: _____ Year: _____

EmplID#: _____ UA E-Mail: _____ Date: _____

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

International Student   Domestic Student ⟶ | In-State   Out-of-State |

Academic Department: _____

Doctoral Student   SCH Required for Degree: _____   SCH Accumulated: _____   Anticipated Graduation: Term _____ Year _____

I am a doctoral student who has completed all course and research credit requirements and only has completion of the dissertation remaining.

Master's or Doctoral Students participating in CPT, AT, or an accreditation-mandated internship for degree requirements

EMPL ID#: _____ UA E-Mail: _____ Date: _____

First Name: _____ MI: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

International Student   Domestic Student ⟶ | In-State   Out-of-State |

Academic Department: _____

Master's Student   Doctoral Student   SCH Required for Degree: _____   SCH Accumulated: _____

-OR-

I am an international graduate student participating in curricular practical training (CPT) and/or academic training (AT) of thirty or more hours per week with the approval from the International Center.

I am a graduate student participating in an accreditation-mandated internship (AMI) of thirty or more hours per week with approval from the academic unit.

Students must complete this form for each semester of participation   Semester for which CPT/AT/AMI is to be completed: Term _____ Year _____

For School of Graduate Studies Use Only
The exception is granted with the following contingencies or conditions.

_____
Student Approval   Date

_____
Chair/Director of Appointee's Academic Department Approval   Date

_____
School of Graduate Studies Approval   Date

Please provide completed form to Heather Blake at *hblake@uakron.edu*