Date Received by the Graduate School:

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



For use by graduate students seeking to be considered a full-time student with less than nine graduate credit hours. **Fill out** *one* **section only.** 

	Doctoral Stu	ident in final S	emester O	NLY				
EmplID#:	pplID#: UA E-Mail:			Date:				
First Name:								
Street Address:								
City:					Zip: _			
International Student	Domestic Student		In-State		Out-	Out-of-State		
Academic Department:								
(/	CH Required for Degree: t in my final semester of study and			· ·		Year	_	
Master's or Doctoral	Students participating in CPT	, AT, or an ac	creditation	-mandated interi	nship for degree	requirements	•	
EMPL ID#:	UA E-Mail:				Date:			
First Name:	MI:	Last	t Name:					
Street Address:								
City:		State	ə:		Zip: _			
International Student	Domestic Student		In-State		Out-	of-State		
Academic Department:								
Master's Student	Doctoral Student	SCH Requi	ired for Deç	gree:	SCH Accumulate	ed:		
	al graduate student participating in o	curricular practica	al training (C	PT) and/or academi	c training (AT) of thi	irty or more hours	s per	
	udent participating in an accreditatio	on-mandated inte	rnship (AMI)	of thirty or more hou	urs per week with ap	oproval from the		
	n for each semester of participation	Semester for w	/hich CPT/AT	Γ/AMI is to be compl	leted: Term	Year		
For Graduate School Use Onl The exception is granted with the conditions.		Stua	dent Approva	ıl			Date	
		Chai	r/Director of	Appointee's Acadel	mic Department Ар	pproval	Date	
		Grad	luate School	Approval			Date	

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