APPLICATION FOR SPECIAL STUDENT STATUS

Only students who have one or two courses* remaining are eligible to apply for Special Student status. Special Students are expected to live and eat off campus. Special students are billed at the per course rate instead of the comprehensive fee which applies to a course load of 3, 4, or 5 courses for a fall or spring semester. *Students who entered as “Febs” may enroll in 3 courses—2 in Fall and 1 in Winter Term.

Applications are due for Fall on March 15, for Spring on November 15.

Student Name: ___________________________     ID#: ___________________     Class: _________

Applying for special student status for

- Fall - 1 course
- Fall - 2 courses
- Fall - 1 course and Winter 1 course
- Fall - 2 courses and Winter - 1 course (Febs only)

Currently live off-campus?  Y / N
If not, have you secured a place to live off-campus if accepted?  Y / N

Off-campus address: _____________________________________________________________     Phone: _____________________

If approved as a special student, you are not eligible for institutional financial aid; however you may be eligible for Federal Student Loans. Please contact the Student Financial Services Office to determine student loan eligibility.

International Student with F-1 or J-1 status?  Y ___ N ___

*This information ensures that any decisions from the Office of the Registrar that may have implications for students’ visa status are made in consultation with International Student Services (ISSS).

List courses that you plan to take if you are approved as a Special Student.

List courses remaining for major
(specific major ________________), if any:

____________________________________
____________________________________

List courses remaining for distribution requirement, if any:

Requirement: ________
Course:_______________________________

Requirement: ________
Course:_______________________________

Other courses: ____________________________________________________________________________

____________________________________________ ___________________  I understand that I am responsible
Student Signature   Date      for ensuring completion of all college
requirements prior to graduation.

____________________________________________ ___________________  (For student athletes only)
Advisor or Dept. Chair Signature     Date  NCAA Compliance Officer      Date

*** Return this form, with your signed degree audit form, to the Office of the Registrar. ***