

## 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

<input type="checkbox"/> Fall - 1 course	<input type="checkbox"/> Spring - 1 course
<input type="checkbox"/> Fall - 2 courses	<input type="checkbox"/> Spring - 2 courses
<input type="checkbox"/> Fall - 1 course and Winter 1 course	
<input type="checkbox"/> 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  
(specify major \_\_\_\_\_), if any:

\_\_\_\_\_  
\_\_\_\_\_

List courses remaining for distribution  
requirement, if any:

Requirement: \_\_\_\_\_  
Course: \_\_\_\_\_  
  
Requirement: \_\_\_\_\_  
Course: \_\_\_\_\_

Other courses: \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I understand that I am responsible  
for ensuring completion of all college  
requirements prior to graduation.

\_\_\_\_\_  
Advisor or Dept. Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NCAA Compliance Officer

\_\_\_\_\_  
Date

(For student athletes only)

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