



## **PART-TIME PERMISSION REQUEST FORM**

**NAME:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**CAMPUS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CAMPUS PHONE:** \_\_\_\_\_

**CAMPUS E-MAIL:** \_\_\_\_\_

**CLASSIFICATION:** \_\_\_\_\_ **ACADEMIC ADVISOR:** \_\_\_\_\_

**SEMESTER REQUESTING PERMISSION:** \_\_\_\_\_

**CUMULATIVE GPA:** \_\_\_\_\_ **TOTAL DEGREE CREDITS:** \_\_\_\_\_

**NUMBER OF CREDITS YOU ARE PLANNING TO TAKE:** \_\_\_\_\_

**GRADUATION DATE:** \_\_\_\_\_

**REASON FOR REQUESTING PART-TIME PERMISSION:**

### **MUST CONSULT WITH DEPARTMENT ADVISOR**

**Advisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_