

BOSTON UNIVERSITY
COLLEGE OF ENGINEERING

PETITION FOR PART-TIME STATUS

Student Name _____ B.U. I.D.# _____
Last First

Current Mailing Address _____ E-mail Address _____
Telephone _____

Status Requested for (check one semester only): Fall Spring Year _____

Class Year (check one): U1 (Freshman) U2 (Sophomore) U3 (Junior) U4 (Senior)

Major _____ Advisor _____

I. SENIORS ONLY: I am requesting permission to be a Part-Time student at the College of Engineering because:
I am planning to graduate in (Month/Year) _____/_____ and have only
(# of credits*) _____ credits remaining to complete my degree requirements.

Student Signature Date

* Number of credits must be less than 12

II. ALL OTHERS: I am requesting permission to be a Part-Time student at the College of Engineering because:

Student Signature Date

Advisor: Recommend _____
Advisor Signature Date
 Do Not Recommend

III. OFFICE USE ONLY:
 Approved _____
Records Manager or Associate Dean Signature Date
 Denied

Comments: _____

**CHANGES TO PART-TIME STATUS MAY AFFECT FINANCIAL AID AND ON-CAMPUS HOUSING.
PLEASE CHECK WITH THE APPROPRIATE OFFICE(S).**