



## Part-time enrollment request form

**Step 1. Work with your advisor to determine whether you can complete your graduation requirements as a part-time student.**

Name: \_\_\_\_\_ BU ID: \_\_\_\_\_

Degree/Major: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Semester/year of proposed part-time enrollment      Fall \_\_\_\_\_ Spring \_\_\_\_\_

Semester/year of graduation      Fall \_\_\_\_\_ Spring \_\_\_\_\_

Total credits remaining for graduation (include the current semester if in progress) \_\_\_\_\_

**Step 2. Check your degree advice report, transcript preview, and program requirements to be sure that your degree can be completed with part-time enrollment.**

By signing this request, I acknowledge that I understand the following important policies:

- I am responsible for enrolling in all of the courses required for completion of my degree requirements including a minimum of 128 credits and all mandatory courses.
- I have used the StudentLink Transcript Preview along with Degree Advice to check my degree completion details.
- I am aware that repeating a standard course can only contribute credit toward my degree once and I have checked my academic credit totals for this situation.
- If I am a student-athlete, I have checked with Student-Athlete Support Services about my NCAA eligibility as a part-time student.
- If I am an international student, I have consulted with ISSO about how part-time enrollment would affect my visa and other immigration status issues.
- I've confirmed that part-time enrollment will not affect my health insurance, financial aid/scholarship or BU housing agreement.

Student endorsement and date of submission: \_\_\_\_\_

**Step 3. You must receive approval from the Sargent College Academic Services Center before your status will be changed with BU Student Accounting. Please submit this form to room 207 or send to [sarugrad@bu.edu](mailto:sarugrad@bu.edu) to request review and approval.**

\_\_\_\_\_  
Signature of ASC representative