

## PART-TIME ENROLLMENT

NAME (print)			
SAA USER ID			
MAJOR			
APPLICABLE QUARTER-			
appropriate Dean or designated r	epresentative only for reason	sis with the accompanying fee reductions sons of occupation, family responsibilities, oents, except as specifically authorized by the	r health. No major or
office six weeks priorto the effecti	ve quarter. There is a maxi	s, file the white copy of this form in the Regi imumlimit of <b>6</b> units per quarter for gradua s not valid for more than three academic qu	te academic students
I request permission to enroll on	a part-time basis for the fol	llowing reason(s):	
SIGNATURE	DATE	_	
GRADUATE ADVISOR *	DATE		 DATE

<sup>\*</sup>Nursing students must obtain signature of Director of Student Affairs.