

Note: This form is NOT to be used by students registered with the Disability Resource Center (DRC). Visit the following DRC Web page for details: www.drc.neu.edu/forms/tuition_adjustment/.

Instructions: Students who are normally enrolled full-time at Northeastern University may petition the college student services office to take less than a full-time (12 semester hours in a full semester, 6 semester hours in a summer half semester) for one of the QUALIFYING REASONS indicated below. This petition must be completed and submitted to the Office of the Registrar prior to the term start date, or no later than the Friday of the second week of the term.

A student applying to take a reduced load for fewer than 12 semester hours cannot be considered a *full-time student*. Part-time, or less than part-time, students are NOT eligible for certain types of federal and state aid and should be aware that they may no longer meet the criteria for other programs, such as financial aid, scholarships, health and car insurance discounts, or dependent status. Students receiving any form of aid (grants, loans, or work study) should speak with a representative from Office of Student Financial Services to understand the individual impact of a reduced course load. Your signature below signifies that you understand these guidelines.

Steps:

1. Complete and present this form to the appropriate college academic advisor for review and authorizing signature.
2. If you are a financial aid or loan recipient, speak with your financial aid counselor to understand how it will affect your award for the term.
3. Submit the completed form to the Office of the Registrar, 120 Hayden Hall, for processing.

I have read and agree to the above conditions for enrollment in the courses listed below.

Student Signature: _____ Date: _____

Academic Advisor Printed Name: _____ College: _____

Academic Advisor Signature: _____ Date: _____

Qualifying Reason: Graduating Senior (only remaining requirements)
 Medical Reason (attach letter from attending physician)

NUID	First Name	Last Name
Local Address: Street and Apt. #	City	State, Zip
Phone	E-Mail	Expected Date of Graduation
Financial Aid Recipient <input type="checkbox"/> Yes <input type="checkbox"/> No	Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer 1 <input type="checkbox"/> Summer 2 <input type="checkbox"/> Full Summer	Academic Year

Course Enrollment Information				
Student has permission to enroll for only the following courses:				
CRN	Course Number	Section	Course Title	Credit Hours
Total Credit Hours:				

Internal Office Use

Approved by: _____ Denied by: _____ Date: _____ TUNL attribute assigned date: _____