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MEMORANDUM FOR THE RECORD

From: David A. Gaitros
Associate Chair, Department of Computer Science

Date: _____

Re: Authorization for Part Time Student Status

Student Name: _____

First semester part time status approved: _____

Reason for request of part time status (Check One):

Finish all required course work and sufficient hours

Full time employment - Employer Name: _____

Request reduced load due to disabilities

Personal reasons

Other: _____

By requesting authorization to be a part time graduate student in the Department of Computer Science, the student understands the following limitations:

1. The 7 year time limit for master's classes and 5 year time limit on dissertation currency requirement cannot be waived.
2. The authorization in reduction of hours does not relieve students of the responsibility to make adequate progress on degree requirements.
3. Students will not be allowed course substitutions because of missed required courses due to reduced load.
4. In general, part time students will be held to the same academic standards and policies as regular full-time students.

Student's Signature: _____

Advisor's Signature: _____

Note: A copy of this memorandum will be placed in the student's permanent folder. The authorization to continue to be a part-time student will continue until such time as the student graduates, becomes a full-time student, or is no longer eligible to maintain student status in the Department of Computer Science