



DSU Financial Aid & Scholarships
225 South University Ave
St. George, UT 84770
Phone: 435-652-7575
Fax: 435-879-4087
Email: scholarships@dixie.edu

Request for Part-time Scholarship Status
REQUEST ONLY AVAILABLE WHEN STUDENT HAS NO OTHER COURSES AVAILABLE TO FILL
PROGRESS TOWARDS DEGREE

Students Name: _____ Date: _____

Dixie ID: _____ Major: _____

Have you been accepted into any of the following approved Cohort Programs?

- Education, Exercise Science, Medical Lab Science, Medical Radiography, Nursing, Paramedic/EMS, Physical Therapy Assist., Respiratory Therapy, Other

If not, I would like to request permission to receive all/part of my scholarship while attending less than 15 credits for the Fall Spring semester of 2016-17 school year.

- Full time (12 cr.), 3/4 time (9-11 cr.), 1/2 time (6-8 cr.)

Please explain, in detail, the circumstances behind why you need part-time status:

Four horizontal lines for writing explanation.

You must agree to the following terms to be considered for approval.

- I understand that my scholarship may be reduced based on my enrollment percentage above and my enrollment status.
I agree to forfeit the remainder of this semester's total waiver amount.

**If approved, we will adjust your scholarship amount based upon your enrollment percentage. Please note, this will use up a full semester of eligibility for your scholarship. You cannot have another part time semester added to the end of your scholarship term limit eligibility. (ex: use 1/2 semester for fall, we cannot add an additional semester for the other 1/2)

Student Signature _____ Date _____

Advisor must complete

I have reviewed this student's course options, and certify that the above is correct.

Advisor Signature _____ Date _____

Office Use Only - Do Not Write Below This Line

GPA: _____ Completed Hours: _____ () Approved () Denied
Comments: () Degree Audit Approved

Three horizontal lines for comments.