

# Graduate Student FT Enrollment Exception Request (with full-time status)



The University of Akron  
**School of  
Graduate Studies**

For use by graduate students seeking to be considered a full-time student with less than nine graduate credit hours in Fall or Spring or two graduate credit hours in Summer.

Fill out *one* section only.

Term for which full-time enrollment exception is requested: Term: \_\_\_\_\_ Year: \_\_\_\_\_

EmplID#: \_\_\_\_\_ UA E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

International Student


Domestic Student



In-State

Out-of-State

Academic Department: \_\_\_\_\_

 Doctoral Student SCH Required for Degree: \_\_\_\_\_ SCH Accumulated: \_\_\_\_\_ Anticipated Graduation: Term \_\_\_\_\_ Year \_\_\_\_\_

I am a doctoral student who has completed all course and research credit requirements and only has completion of the dissertation remaining.

### Master's or Doctoral Students participating in CPT, AT, or an accreditation-mandated internship for degree requirements

EMPL ID#: \_\_\_\_\_ UA E-Mail: \_\_\_\_\_ Date: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

International Student

Domestic Student



In-State

Out-of-State

Academic Department: \_\_\_\_\_

Master's Student

Doctoral Student

SCH Required for Degree: \_\_\_\_\_

SCH Accumulated: \_\_\_\_\_

**-OR-**

I am an international graduate student participating in curricular practical training (CPT) and/or academic training (AT) of thirty or more hours per week with the approval from the International Center.

I am a graduate student participating in an accreditation-mandated internship (AMI) of thirty or more hours per week with approval from the academic unit.

Students must complete this form for each semester of participation Semester for which CPT/AT/AMI is to be completed: Term \_\_\_\_\_ Year \_\_\_\_\_

For School of Graduate Studies Use Only  
*The exception is granted with the following contingencies or conditions.*

\_\_\_\_\_  
Student Approval Date

\_\_\_\_\_  
Chair/Director of Appointee's Academic Department Approval Date

\_\_\_\_\_  
School of Graduate Studies Approval Date