

Request to Under-Enroll (Less than Full-Time)

Date: _	_/_/_	CSU ID:		☐ F1 student	☐ J1 St	udent		
Name:								
		Last		First				Middle
Phone:	: ()		Email address:			@		
	Area code	number						
	☐ Graduate	☐ Undergradua	ate					
	•	•	Science 🗖 Busines n Services 🗖 Scien	•		ol of Nursing		
Term: I	Fall Spring _	(Summer Ter	m is NOT tracked)					
credits except	for graduate ions outlined	students). Howe below, please cor	ed in classes on a ver, there are a mplete this form P PRIOR TO REGIS	few exceptions to and attach any a	o this readdition	equirement. I al documenta	f you meet of tion as instru	one of the octed. YOU
-	have further ter@csuohio.e	-	t academic enro	Ilment or this r	memo,	please send	an email m	essage to
Tick th	e situation tha	t applies to you.						
		•	sework for my pr sor confirms this f	•		•	orking on my	/ thesis or
	Ad	lvisor's Signature	Print	: Advisor's Name		Campus Pho	 ne#	
	☐ It is the las	t semester of my	program of study.	My academic adv	isor con	firms this fact	with his/her s	signature
	A	dvisor's Signature	Prii	nt Advisor's Name	?	Campus Pho	one#	
	physician's st	ationary in which	nedical reasons I control in the least the lea	at I cannot be in	school f	for this semes		
	☐ I have delivered a baby or I will deliver a baby during this semester and I have attached a letter on my physician's stationary in which he/she states that I have delivered a baby or I will deliver a baby during this semester and cannot attend school full time.							
	☐ I am leavir	-	I will return withi	n the allowed 5 m	onths al	osence. A copy	y of my plane	ticket or

Revised: 2/18/2014 RM-M