HALF.GRAD

Student Financial Services
WEST TEXAS A&M UNIVERSITY

26-27

Graduate Half-Time Status Designation Request

This request is only for graduate students enrolled in a Thesis, Dissertation, Practicum, Portfolio, or Internship that is equivalent to less than 6 credit hours. ***ADVISOR SIGNATURE IS REQUIRED.***

Student Name _____ **Today's Date** _____

Student Email _____ **Buff ID Number** _____

Student Information:

Which term are you requesting half-time status for? *(only one term can be selected per request)*

☐ FALL (*2026*) ☐ SPRING (*2027*) ☐ SUMMER I (*2027*) ☐ SUMMER II (*2027*)

Courses Attempting and Associated Credit Hour Amount:

Course *i.e. ARTS*7302*	**Credit Hour Amount**

Justification:

_____

_____

_____

_____

Student and Advisor Certification:

- May be awarded to students who are enrolled in Thesis, Dissertation, Practicum, Portfolio, or Internship which are required for discipline-specific degree plans.
- Request is good for no more than ***one*** academic semester. *Limited to 3 continuous requests.*
- Must be turned in by the twelfth *(12th)* class day for long terms *(Fall and Spring)* **OR** must be turned in by the fourth *(4th)* class day for summer terms **OR** must be turned in by the second *(2nd)* class day for intersession terms.

My signature below affirms that I have read and agree to the terms of this Half-Time Status Request. I affirm the information provided above is true and accurate to the best of my knowledge. I understand that providing false information can result in the denial of this request.

ACTUAL SIGNATURES ARE REQUIRED. ***(Typed names will not be accepted.)***

Student's Printed Name: _____

Student's Signature: _____ **Date:** _____

Advisor Printed Name: _____

Advisor Signature: _____ **Date:** _____

Return completed form to Student Financial Services | Old Main 108
Email: financial@wtamu.edu Phone: (806)651-2055 Email: scholarships@wtamu.edu