



# Petition if Less than 6 Credit Hours AND Enrolled in Selected Courses

Last Name	First Name	Middle	Student ID #
Address			Home Phone
City	State	Zip	Work Phone
Email			Cell Phone
Program		Anticipated Completion Date	Advisor
<i>Student Signature</i>			<i>Date</i>

I am enrolling in the following term:  Fall  Spring  Summer I  Summer II **20**\_\_\_\_\_

CHECK ONE BOX BELOW:

- I am NOT seeking financial aid**, but am only seeking loan deferment and/or confirmation of “full-time status”
- I am seeking financial aid**, in addition to loan deferment/full-time status confirmation
- Note, if you are seeking financial aid, a current year FAFSA **must** be on file (Free Application for Financial Aid)

Enrollment in one of the courses listed below will qualify you for loan deferral and/or a student loan if you are enrolled in less than six credit hours; indicate the course in which you will be enrolled during the term you identified above:

**Creative Arts Therapy**

- ATR 506
- ATR 508
- MTR 506
- MTR 508
- MTR 510
- MTR 483

**Speech Language Pathology**

- CSD 513
- CSD 514
- CSD 516
- CSD 517
- CSD 565

**Practicum & Student Teaching**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> INAD 635 | <input type="checkbox"/> INAD 527 |
| <input type="checkbox"/> INCH 635 | <input type="checkbox"/> INCH 527 |
| <input type="checkbox"/> INEC 635 | <input type="checkbox"/> INEC 527 |
| <input type="checkbox"/> TSL 526  |                                   |
| <input type="checkbox"/> TSL 635  |                                   |

**Academic Program Authorization**

Program Director or Chair  
 Approved  Not Approved

\_\_\_\_\_  
Signature/Date

**Registration & Records Office Use**

Coded in STPE  
Registered student (MTR\*483 ONLY)

*Please return this completed form to Registration & Records Office  
Smyth 1 or by email [reg@naz.edu](mailto:reg@naz.edu)*