

Application for Part-Time Status

1. A part-time graduate student is one who has approval to enroll for one-half (or less) of the regular course load of fifteen credits.
2. Each department will determine whether or not its graduate program can accommodate part-time students. Departments will accept part-time students, when, in the opinion of the faculty, there is clear justification for part-time status based upon considerations of academic progress, career employment, family responsibilities, or health conditions.
3. A part-time graduate student will pay the full Student Service fee, one-half the Tuition, and all other campus fees including the Health Insurance Fee.
4. All full-time, part-time and In-Absentia students fall under the [mandatory UC SHIP requirement](https://healthcenter.ucsc.edu/billing-insurance/insurance.html). UC provides all students with the University of California Student Health Insurance Plan (UC SHIP). If you want to use your own insurance plan, you must opt out by waiving (canceling) UC SHIP by completing an online waiver each academic year: <https://healthcenter.ucsc.edu/billing-insurance/insurance.html>. Review our Online Waiver Questions Information sheet at https://healthcenter.ucsc.edu/forms/uc_ship_waiver_worksheet.pdf for more information, or contact the Student Health Insurance Office at insure@ucsc.edu.
5. Part-time students will be eligible for fellowship support at their department’s discretion, but appointments in student academic titles, such as Teaching Assistant or Graduate Student Researcher, cannot exceed .25 FTE.
6. If you are approved for part-time status, but enroll for more than eight credits, you will be assessed full registration fees. You may not enroll in more than eight credits, later drop a course and be considered a part-time student.

 Name _____ Program _____

Student ID# _____ Degree Objective _____

Email _____

Part-time study will begin _____ quarter 20____

I will return to full-time study _____ quarter 20____ I will not return to full-time study_____

What circumstances support your request for part-time status?

Date _____ Student signature _____

 Approved: _____ Date: _____
 Faculty Advisor

Approved: _____ Date: _____
 Graduate Representative or Department Assistant

Approved: _____ Date: _____
 Graduate Division