

**EASTERN MEDITERRANEAN UNIVERSITY****Application Form for Part-time Status
(Undergraduate Students)**

A student who cannot complete a program in the prescribed period for personal reasons may be permitted to register as a part-time student in an academic semester, excluding the Summer Session. The maximum course load of a part-time student is 3 courses (4 courses for students of Faculty of Law), one of them being a non-credit course. The tuition fee payable in this case is proportional to the course load taken. One fifth (one sixth for students of Faculty of Law) of an academic semester full tuition should be paid for each course registered. (EMU Education and Exam Regulations, Article 16 and Article 18 (2) should be considered and satisfied.)

This application form must be filled in and signed by the student as application by proxy is not acceptable, and all documentation, if any, supporting the excuse should also be attached. Application forms should be submitted to the student's department. Incomplete application forms will be returned to the Faculty/School.

Part I. Student Information [To be completed by the Student and verified by the Academic Advisor]

| | | | | | |
|---|--|---|------------------------|--|--|
| Student No [][][][][][][][][] | Student's Name | | | | |
| | Department | | | | |
| Academic Year [][][][] / [][][][] | | Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring | GPA [][] . [][] | CGPA [][] . [][] | Status in the Previous Semester <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time |
| Courses Selected for Registration | | | | | |
| | Course Code [][][][][][][][][] | Course Name | | Course Type <input type="checkbox"/> Credit <input type="checkbox"/> Non-credit | |
| 1 | [][][][][][][][][] | | | <input type="checkbox"/> Credit <input type="checkbox"/> Non-credit | |
| 2 | [][][][][][][][][] | | | <input type="checkbox"/> Credit <input type="checkbox"/> Non-credit | |
| 3 | [][][][][][][][][] | | | <input type="checkbox"/> Credit <input type="checkbox"/> Non-credit | |
| 4 | [][][][][][][][][] | | | <input type="checkbox"/> Credit <input type="checkbox"/> Non-credit | |
| Reason for Application for Part-time Status May be written in English or Turkish. Attach a separate page if needed. | | | | | |
| Attached Documents, if any | 1 | | | Student's Signature | |
| | 2 | | | Date of Application | Day Month Year |

Part II. Consent of the Academic Advisor and the Department Chair

| | | | | |
|------------------------------------|--|--|-----------|--|
| Academic Advisor Title and Name | | <input type="checkbox"/> Recommended | Signature | |
| | | <input type="checkbox"/> Not Recommended | Date | |
| Department Chair Title and Name | | <input type="checkbox"/> Recommended | Signature | |
| | | <input type="checkbox"/> Not Recommended | Date | |

Part III. Approval of the Faculty/School Board

No need for the Faculty/School Board meeting if the Dean/Director has been given the approval authority by the Board.

| | | | | | |
|-----------------------------------|--|---------------------------|--|-------------------|---|
| Board Meeting Date | | Meeting & Decision Number | | Evaluation Result | <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved |
| Dean / Director Title and Name | | Signature | | Date | |

Part IV. Approval of the Vice-Rector for Student Affairs

| <input type="checkbox"/> The application of the student has been rejected since | | | | | | | | | |
|--|--------------------------|--------------|--|---|---|--|---|---|--|
| <input type="checkbox"/> The application has been approved, and the student will be considered as a part-time student for the semester indicated below if he/she fulfills the following condition(s). | | | | | | | | | |
| <table border="1"> <tr> <th>Academic Year & Semester</th> <th colspan="2">Condition(s)</th> </tr> <tr> <td>200 <input type="checkbox"/> / 200 <input type="checkbox"/></td> <td>1</td> <td></td> </tr> <tr> <td>Fall <input type="checkbox"/> Spring <input type="checkbox"/></td> <td>2</td> <td></td> </tr> </table> | Academic Year & Semester | Condition(s) | | 200 <input type="checkbox"/> / 200 <input type="checkbox"/> | 1 | | Fall <input type="checkbox"/> Spring <input type="checkbox"/> | 2 | |
| Academic Year & Semester | Condition(s) | | | | | | | | |
| 200 <input type="checkbox"/> / 200 <input type="checkbox"/> | 1 | | | | | | | | |
| Fall <input type="checkbox"/> Spring <input type="checkbox"/> | 2 | | | | | | | | |
| Vice-Rector for Student Affairs Title and Name | | Signature | | Date | | | | | |

One approved copy of this form should be sent to the Dean's Office, the Registrar's Office and the Financial Affairs Office by the Office of the Vice-Rector.