56 Lomb Memorial Drive • Rochester, New York 14623 (585) 475-2186 RITAid@RIT.edu

For Office Use Only: Index as Change of Enrollment

Part-Time Enrollment for FINAL Term

Student Name	University ID		
For RIT/NTID grants and scholarships, <u>undergra</u> each term in courses applicable toward the cor and do not need to be full-time to complete the be prorated based on their remaining coursewo	mpletion of their degree ir degree requirements,	. However, if student their RIT/NTID grants	s are in their final term s and scholarships can
Student's final semester/term of study.Student's final number of required cred	its for degree completio	n.	
There is an exception to the above: The proration who have been accepted into an undergraduate	_	•	
Final Semester (Month/Year)			
Semester (i.e. Summer, Fall, Spring)		Year (i.e. 2024)	
Title (if general elective, enter elective)	Course # (if general e	elective, enter n/a)	Credits
	, ,	· ·	
Semester (i.e. Summer, Fall, Spring)		Year (i.e. 2024)	
Title (if general elective, enter elective)	Course # (if general e	elective, enter n/a)	Credits
Academic Advisors only: The Office of Financial Aid is requesting this Parstudent's RIT/NTID grants and scholarships car graduate. By signing and sending this form to rethe coursework listed above is required for the coursework should be included on this form.	n be prorated based on t <u>itaid@rit.edu</u> from your	heir remaining cours RIT email account, y	ework needed to ou are confirming that
Advisor Name	Title		
Advisor Signature			