



DRAKE STATE

COMMUNITY & TECHNICAL COLLEGE

LESS THAN FULL-TIME WAIVER

NAME: _____ DATE: _____ SEMESTER: _____

TYPE OF SCHOLARSHIPS (*circle one*) **WIOA** **TRA** **ACADEMIC** **LEADERSHIP**

PROGRAM OF STUDY: _____

NUMBER OF HOURS TAKEN (*LESS THAN FULL TIME*) _____

REASON FOR LESS THAN FULL TIME (*check one*)

- I will graduate at the end of this semester.
- The classes listed on my schedule are the only classes being offered in my degree program that I am eligible to take this semester.

PLEASE BE ADVISED THAT YOU AND YOUR ADVISOR SIGNATURE ON THIS DOCUMENT MEANS THAT THE STATEMENT CHECKED ABOVE IS TRUE AND CORRECT.

STUDENT SIGNATURE: _____ DATE: _____

ADVISOR SIGNATURE: _____ DATE: _____

FINANCIAL AID USE ONLY

APPROVED: _____ NOT APPROVED: _____

REASON: _____

It is the official policy of J.F. Drake State Technical College that no person shall be denied employment, excluded from partaking in, be denied the benefits of, or subjected to discrimination in any program activity, or employment on the basis of gender, race, color, disability, religion, national origin, age, or ethnic group.