



Application for Part-Time Study

Name (Last, First, Middle Initial): \_\_\_\_\_ HUID \_\_\_\_\_

Division/Department/Committee \_\_\_\_\_ Degree Program \_\_\_\_\_

[ ] Please check here if you are enrolled in the part-time master's degree program in SEAS.

Graduate-Year \_\_\_\_\_ Citizenship: [ ] United States [ ] Other \_\_\_\_\_ Country \_\_\_\_\_ Visa \_\_\_\_\_

I am applying for part-time study during the following term(s):

[ ] Fall [ ] Spring Academic year \_\_\_\_\_

Number of credits you will register for in the FALL \_\_\_\_\_ and/or SPRING \_\_\_\_\_ as a PT student.

Number of credits previously taken as:

Harvard Griffin GSAS Student \_\_\_\_\_ Visiting Student \_\_\_\_\_ under TAP Program \_\_\_\_\_

Please check here if you have a Harvard grant-in-aid toward tuition: [ ] yes [ ] no

Number of credits to be paid for through TAP: Fall Term \_\_\_\_\_ Spring Term \_\_\_\_\_
(Applicable only to students who are also Harvard employees)

Reasons for applying for Part-Time status: (REQUIRED)

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ (Street/City/State/Postal Code)

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

Approved by Chair \_\_\_\_\_ Date \_\_\_\_\_

Approved by International Office \_\_\_\_\_ Date \_\_\_\_\_
(international students only)

Approved by Financial Aid Officer \_\_\_\_\_ Date \_\_\_\_\_

Approved by Office of Academic Programs \_\_\_\_\_ Date \_\_\_\_\_

PLEASE RETURN ALL MATERIALS TO:

Office of Academic Programs by email gsasacademicprograms@fas.harvard.edu

If you have further questions about this form, please contact the Office of Academic Programs at 617-496-1965 or gsasacademicprograms@fas.harvard.edu.