

East Georgia

STATE COLLEGE[®]

Office of Housing & Residential Life

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Swainsboro, Georgia 30401-2699
Phone (478) 289-2371 • Fax (478) 289-2136
www.ega.edu

Adopted by President's Cabinet 4/21/23

Full-time Status Waiver Request Form

Student Name/ID _____

Dorm & Room Number _____

Date _____

Total Course Credit Hours Registered at the Beginning of Current Semester			
Credit Hours Remaining After Requested Drop of Course(s)			
Overall Cumulative GPA			
Credit Hours Attempted			
Credit Hours Earned			
Courses Currently Enrolled in (list below)			
Course Name/Number	Professor	Current Grade	
Are you currently receiving tutoring from ACE?			
Have you missed more than the allowed absences in any of your classes this semester?			
Have you discussed with the EGSC Office of Financial Aid & the EGSC Business Office how dropping course(s) may impact your financial aid award and your account balance?			
Do you have a disciplinary record with the Office of Student Conduct & Title IX?			
Have you discussed your desire to drop course(s) with the course professor?			

Do you have documentation of extenuating circumstances that makes it difficult for you to continue with your current course load?	
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Why do you need to reduce your course load below 12 hours?

What circumstances beyond your control are contributing to your need to reduce your course load? Please attach copies of documentation of these circumstances to this form.

How will you use the extra time you gain from reducing your course load?

What is your plan to improve or maintain your academic success?

I acknowledge that I have been advised that reducing my course load may impact my financial aid award and my account balance, and that it is my responsibility to discuss this matter with EGSC's Office of Financial Aid. The information that I have provided is true to the best of my knowledge, and I understand that the Director of Housing will be verifying the information that I have provided.

Printed Name

Signature

Date