



Baker College of Muskegon
Department of Residence Life

REQUEST TO ENROLL PART-TIME UNDER 12 REQUEST FORM

Name _____ UIN _____

Hall/Street _____ Unit # _____ Cell # _____

Select Quarter: Fall Winter Spring Summer Year _____

Total number of credits registered for at the start of the quarter: _____

Did you drop a class? If so, what is the amount of credits of that class: _____

Total number of credits being taken for the rest of this quarter: _____

Reason for enrolling part-time:

I understand that by signing this document, I am only allowed to drop below 12 credits for one quarter per academic school year. I also understand that if I were to drop additional credits during this quarter (other than what was approved), this will void my housing for the remainder of this academic school year.

Student signature _____ Date _____

For Administrative Use Only:

_____ Approved _____ Denied

_____ Student has met with a Residence Hall Coordinator

_____ Student has been counseled by Academic Advisor

_____ Student has been informed of potential implications (SAP violation, Financial Aid)

_____ Comments entered in OASIS

RHC Signature _____ Date _____