Eligibility for institutional aid at Lehigh University is limited to students who are registered full time and obtaining their first bachelor’s degree. However, an undergraduate student who does not require full-time enrollment in their final semester (within eight consecutive semesters) may complete this form to be considered for Lehigh aid as a part-time student.

Please note if you are requesting aid beyond 8 consecutive semester and looking to be part time, please complete the Petition to Receive Institution Aid (beyond 8 consecutive semesters) form.

**Section A**: Please initial next to the following items confirming you’ve read and understand them:

Student initials

___________: Possible eligibility for Lehigh aid as a part-time student is only available to students in their final undergraduate semester.

___________: Enrolling in less than 12 credits will result in a reduction to tuition and technology fees. This reduction in costs will result in a reduction to grant eligibility.

___________: If the reduction in costs as a part-time student is greater than your need-based eligibility for that term, grant eligibility from a previous term in the academic year may be reduced.

___________: Enrollment at less than six credits requires cancelation of any Federal Direct Loans. If registered for less than six credits, your six month grace period of loan repayment will begin. Your repayment date will be finalized by your loan servicer. For more information on loan repayment you should contact your loan servicer.

___________: Should you not graduate as anticipated after the final term indicated below, it will not be possible to petition for institutional aid consideration for any future term(s) of enrollment.

**Section B**: Please complete the section below.

- Final semester to complete your undergraduate degree requirements (for a first bachelors): _______________
- For the term indicated above, total number of credits you will enroll: _______________
- Anticipated graduation date: ____________________.

**Section C**: Certification

My signature below confirms the accuracy and my understanding of the information above. If you have any questions about this form or your possible eligibility, please contact your financial aid counselor.

Student Name: __________________________  Student LIN: __________________________
Student Signature: __________________________  Date: __________________________

Please submit to Lehigh University’s Office of Financial Aid
Via LU FileSender at go.lehigh.edu/lufilesender, by mail or by fax (610)758-6211
You may also contact our office at (610)758-3181 or financialaid@lehigh.edu