



Vesalius College vzw
Pleinlaan 2, B-1050 Brussel
Telephone: (32) 2/629.28.21, Fax: (32) 2/629.36.37
website: <http://www.vesalius.edu>

Part-time status - Approval request

Student Information			
Student ID n°			
Last Name			
First Name			
Class standing			
Request			
	Academic year	Spring	Fall
Semester for which part-time status is required			
Reason			
Student's declaration	I am aware that it is my responsibility to ensure that this request does not compromise my visa.		
	Date:		
	Signature:		
Registrar's comments			
Date:			
Signature:			
For office use only			
Date computer input			
Date copy to student			
Date copy to bookkeeper			