

Request for Online-Only Semester Status

(continuing students only)

I will be taking only online classes during _____ Semester of 201____. Please place me in the online-only program for that semester (UGDOF).

I understand that I may not have an online-only semester my first semester at BYU-Hawaii.

I understand that with this online-only status I will only take classes that are online (section 300) and I will pay the online-only tuition (\$110 per credit).

I understand that during this online-only semester I am **not** entitled to:

- On-campus housing
- Health benefits from BYU-Hawaii
- Scholarship during the online-only semester (will skip over to the next semester if qualified)

I understand that it is my responsibility to check with my academic advisor to find out how this Online-only Semester will affect my MAP and graduation.

For international students: I understand that if I am an international student (in the U.S. on a visa) I can only have an online-only status when:

- I have just completed the last two semesters in-residence full-time and am not in my last semester (*verified by ISS Office* _____ print _____ sign)
 - I understand that if I leave the US before 2 full-time semesters or if I stay away from the US for longer than 5 months then I will need to renew my DS 2019 or I-20)
- **And** I understand that I may not work in the U.S. during my online-only semester except on campus (BYUH or PCC).
- **And** I have proof of insurance that covers me when I am online-only, if I stay in the US.

Verified ISS Office _____ *date:* _____

Coordinated with IWORK office, if applicable _____ *date:* _____

For all students:

I understand that if I plan to return to campus for the following semester, I *will also need to register with the help of an academic advisor until the online-only hold is removed* the last month of the semester. I will then be switched back to an on-campus degree seeking student before the new semester begins and appropriate tuition will be calculated.

Signature: _____ Date: _____

Printed Name: _____ ID Number: _____

Please submit the completed form to the Registrar's Office

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