

## 2018-2019 Change of Status

Name: \_\_\_\_\_ Coyote ID: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Please fill out the section(s) that pertain to the change(s) you are requesting.**

### I. ENROLLMENT CHANGES:

1. I will be graduating effective: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_
2. I will be withdrawing to zero units effective: \_\_\_\_\_ (date)
3. I have changed my degree objective to: BA/BS \_\_\_\_\_ Cred. \_\_\_\_\_ MA/MS \_\_\_\_\_ EdD. \_\_\_\_\_ Cert \_\_\_\_\_

These changes will be effective: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_

4. I will be enrolled in: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_  
# of units # of units # of units
5. Summer Session: 6W1 \_\_\_\_\_ 6W2 \_\_\_\_\_ Regular \_\_\_\_\_  
# of units # of units # of units

### II. HOUSING CHANGES:

6. My housing status has changed to the following (please circle one):

Off Campus      On Campus      With Parents      Effective date: \_\_\_\_\_

**Other:** (please describe) \_\_\_\_\_  
\_\_\_\_\_

**I authorize CSUSB Office of Financial Aid and Scholarships to make changes to my financial aid file and award based on this new information. I acknowledge that changes to my aid may result in a balance due.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_