

2017-2018 Change of Status

Name: _____ Coyote ID: _____
Phone Number: _____

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

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: _____