



Office of Financial Aid and Scholarships

Return to: 5500 University Parkway UH 150 San Bernardino, CA 92407 Tel: (909) 537-5227 Fax: (909) 537-7024

2020-2021 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. Cancel my aid as I do NOT plan to attend CSUSB for the 2020-2021 academic year

2. I will be enrolled less than full time. Indicate the number of units:

3. I will be withdrawing from all courses effective: _____ (date)

4. I have changed my graduation date to the following term:

Fall 2020: _____ Spring 2021: _____

(You must officially update your graduation date with the Office of the Registrar)

5. I have changed my degree objective to:

BA/BS _____ MA/MS _____ Credential _____

EdD. _____

Effective: Fall 2020 _____ Spring 2021 _____

6. Summer Session (# of units) Session I _____

II. HOUSING CHANGES

7. My housing status has changed to the following:

On Campus _____ Off Campus _____ With Parents _____

Date of Change/Move: _____

III. OTHER

I authorize CSUSB Office of Financial Aid & 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: _____