



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: Fall #units \_\_\_\_\_ Spring #units\_\_\_\_\_
3. I will be withdrawing from all courses effective (check term): \_\_\_\_ Fall 2020 \_\_\_\_ Spring 2021
4. I have changed my graduation date to the following term: Fall 2020: [ ] Spring 2021: [ ]
5. I have changed my degree objective to: BA/BS [ ] MA/MS [ ] Credential [ ] EdD. [ ]
6. Summer Session (# of units) Session 6W1 \_\_\_\_\_ Session 6W2 \_\_\_\_\_ Session Regular \_\_\_\_\_

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: \_\_\_\_\_