



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

2019-2020 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 2019-2020 academic year
2. I will be enrolled less than full time. Indicate the number of units: Fall 2019: _____ Winter 2020: _____ Spring 2020: _____
3. I will be withdrawing from all courses effective: _____ (date)
4. I have changed my graduation date to the following term: Fall 2019: [] Winter 2020: [] Spring 2020: []
5. I have changed my degree objective to: BA/BS [] MA/MS [] Credential [] EdD. []
6. Summer Session (# of units) Session I _____ Session II _____ 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: _____