



## 2024-2025 Change of Status

Name:		Coyote ID:
		Phone Number:
Please	e fill	out the section(s) that pertain to the change(s) you are requesting:
I.	EN	ROLLMENT CHANGES
	1.	Cancel my aid as I do <b>NOT</b> plan to attend CSUSB for the 2024-2025 academic year.
	2.	I will be enrolled less than full time: Fall #unitsSpring #units
	3.	I will be withdrawing from all courses effective (check semester): Fall 2024 Spring 2025
	4.	I have changed my graduation date to the following semester: Fall 2024 Spring 2025:  (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 2024 Spring 2025
	6.	I am enrolled in Summer for the following  Session 6W1 - # of units:Session 6W2 - # of units:Regular Session - # of units
II.	нс	DUSING CHANGES
	7.	My housing status has changed to the following:
		On Campus: Off Campus: With Parents: Date of Change/Move:
III.	ОТ	HER:
ba		orize CSUSB Office of Financial Aid & Scholarships to make changes to my financial aid file and award on this new information. I acknowledge that changes to my aid may result in a balance due.

If you have any questions regarding this message, please contact the Office of Financial Aid and Scholarships at (909) 537-5227 or email us at financialaid@csusb.edu. If you are at the Palm Desert Campus, please contact us at (760) 341-2883 or email PDCfinancialaid@csusb.edu.