



2025-2026 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

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1. Cancel my aid as I do **NOT** plan to attend CSUSB for the 2025-2026 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 semester): Fall 2025 ☐ Spring 2026

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

Fall 2025: _____

Spring 2026: _____

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

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5. I have changed my degree objective to: BA/BS MA/MS Credential EdD. _____
Effective: Fall 2025 Spring 2026 _____

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6. I am enrolled in Summer for the following
Session 6W1 - # of units: _____ Session 6W2 - # of units: _____ Regular Session - # of units _____

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: _____

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.