



2026-2027 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 2026-2027 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 2026 Spring 2027
4. I have changed my graduation date to the following semester:
Fall 2026 Spring 2027 : :
(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 2026 Spring 2027
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.