



Request for a Change in Enrollment Status

Last Name _____ First Name _____

Student ID _____ Graduate Undergraduate Catalog Year _____

Check the degree that you will be completing:

EdD CAGS MA MAT MBA MEd MS BA BS BFA Certificate

Major _____ Concentration/Option _____

Please check your current enrollment status Part-Time Full-Time

Please check the enrollment status you would like to change to Part-Time Full-Time

Effective Term Fall Spring Summer Year _____

Note: A change in enrollment status may have significant financial implications. Please contact Student Account Services and/or Financial Aid for details.

Student Signature _____ Date _____

Please return this form to the registrar's office in Spare via the methods noted below.

Processed by: _____ Date _____ 8/2018