CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO
Financial Aid Office

Return to:
5500 University Parkway
San Bernardino, CA 92407
University Hall 150
Tel: (909) 537-5227
Fax: (909) 537-7024

2011-2012 Change of Status

Student Name: _____ Coyote ID: _____

Telephone: _____ Email: _____

Check the box(es) to the items that apply to you. Sign and submit the form to the Financial Aid Office.

1. ☐ Enrollment Change**:**
   Fall _____ (# of units) Winter _____ (# of units) Spring _____ (# of units) Summer _____ (# of units)
2. ☐ My **new** degree objective will be:
   ☐ Credential ☐ MA/MS ☐ 2nd BA/BS
3. ☐ I have changed my graduation date to: _____
   (You must officially change your graduation date with Records, Registration & Evaluations)
4. ☐ I request to decrease my Federal Work Study to _____.YTD Earnings Total: _____ (SET Use)
5. ☐ I would like to adjust my loan(s) to:
   Federal Subsidized Loan: $ _____
   Federal Unsubsidized Loan: $ _____
6. ☐ I will be receiving financial aid at **another school** besides CSUSB during:
   ☐ Fall ☐ Winter ☐ Spring ☐ Summer
   Name of College: _____
7. ☐ My housing status has changed to the following:
   ☐ On Campus ☐ Off Campus ☐ With Parents
8. ☐ I will be receiving financial assistance from the programs listed below:
   ☐ Over 60 Fee Waiver
   ☐ Athletic Scholarship
   ☐ Scholarship/Fellowship/Stipend:
   Name _____ Amount _____
   ☐ Faculty/Staff Fee Waiver
   ☐ Dependent Fee Waiver
   ☐ Fees paid by outside resource:
   Name _____ Amount _____
9. ☐ Other: _____

By signing this form, I acknowledge the following:
1. My grants/loans may be reduced or cancelled and may potentially create a balance due.
2. Receipt of additional aid may affect my federal and state financial aid eligibility.
3. I authorize CSUSB Financial Aid Office to make changes to my financial aid award based on this new information.

Signature _____ Date: _____