

## 2016-2017 Change of Status

Name: \_\_\_\_\_ Coyote ID: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### ENROLLMENT CHANGES:

1. I will be graduating effective: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_
2. I will be withdrawing to zero units effective: \_\_\_\_\_ (date)
3. I have changed my degree objective to: BA/BS \_\_\_ Cred. \_\_\_ MA/MS \_\_\_ EdD. \_\_\_ Cert \_\_\_  
These changes will be effective: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_
4. I will be enrolled in: Fall \_\_\_\_\_ Winter \_\_\_\_\_ Spring \_\_\_\_\_  
# of units # of units # of units
5. Summer Session: 6W1 \_\_\_\_\_ 6W2 \_\_\_\_\_ Regular \_\_\_\_\_  
# of units # of units # of units

### HOUSING CHANGES:

6. My housing status has changed to the following (please circle one):  
Off Campus    On Campus    With Parents    Effective Date: \_\_\_\_\_

### OTHER (please describe):

\_\_\_\_\_  
\_\_\_\_\_

**I authorize CSUSB Office of Financial Aid and 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:** \_\_\_\_\_