

Change of Status Form

<u>Instructions to Student:</u> Please submit this completed form to the Registrar & Director of Academic Services in order to request a modality (distance or onsite) or enrollment status (full-time or part-time) change in your program of enrollment. Please submit your request at least two weeks prior to the start of the term for which you are requesting the change; the Registrar will inform you of your approval status.

Date:			
Student Name:			
Program of Enrollment:			
Current Modality:	Distance	Onsite	
Current Enrollment Status:	Full-Time	Part-Time	
I am requesting the following change(s) (one or more may be selected):			
	Distance Modality	Onsite Modality	
	Full-Time Status	Part-Time Status	
I ask that the request be effective beginning with the following semester:			
Reason for the change request:			
Administrative Use Only:			
Date Request Received:			
Approved by Academic Dean:			
	Signature & Da	ate	
Processed by Registrar:			
, , , ,	Signature & Da	ite	