



# REQUEST FOR STATUS CHANGE

DATE \_\_\_\_\_

NAME OF  
STUDENT \_\_\_\_\_

Last

First

Student ID Number

\_\_\_\_\_ FALL 20\_\_

FULL TIME \_\_\_\_\_

\_\_\_\_\_ SPRING 20\_\_

PART TIME \_\_\_\_\_

\_\_\_\_\_  
Student Signature

Return to:  
University Registrar's Office  
213 Whitmore Administration Building

06/17