

## APPLICATION FOR CHANGE OF STATUS

NAME:				
· · · · · · · · · · · · · · · · · · ·	LAST		FIRST	MIDDLE
SONISID:				
ADDRESS:	STREET			
	SIREEI			
-	CITY		STATE	ZIP
CAMPUS BOX:				
CTATUC CHANG		Full time a t	a Dant time	Doubleton a to Full time
STATUS CHANC	GE (check one):	ruii-time t	o Part-time	Part-time to Full-time
REASON FOR S	TATUS CHANGE:			
When do you int	end for this change	to take effect?		
Semester: check one		Fall	Spring	Summer
Year:				
This change is (d	check one):			
Perman	ent Tei	mporary		
REQUIRED SIG	NATURES:			
Student:				Date:
Registrar:				Date:
cc to Business C	Office:	cc to Fina	ncial Aid:	cc to SPS: