

Central Connecticut State University Office of the Registrar

Name:				CCSU ID Number:	
Address:	Last	First	Middle	Semester:	
riadioss.	Street and Numb	ber			
	City	State	Zip	Today's Date:	
			CHANGE	OF STATUS FORM	
Гуре of Ch	ange (check	k one)			
] Fu	ıll Time				
. ,		graduate Full Tim	e: 12 credits mi	nimum	
		ite Full time: 9 cr	edits minimum		
] Pa	rt Time				
	_	graduate Part Tim			
		ate Part Time: 8 c			
f changing s	tatus to Part Ti	ime requires dropping	g a course, please 1	ndicate course here:	
		CRN:		Course Number:	
	(CRN:		Course Number:	
Office as it m	nay have an im		tuition and fees. T	me or part-time to full-time are responsible for contacting the Bursar's he following might also be affected: utional financial aid.	
	<u>University Residence Hall</u> residence - contact Residence Life, Mid Campus Room 118 (860)832-1660.				
□ Stu	□ <u>Student Athletes</u> must remain Full Time in order to maintain eligibility.				
□ Fu	Full Time International Students changing to Part Time status should discuss the change with the Immigration				
Sp	ecialist in the	Center For Interna	tional Education.		
	Student's Sign	nature		Date	
	Registrar			Date	
The deadlin	_			and of the Add/Drop Period. and of the third week of the semester.	

Please complete this form and return to the Office of the Registrar for processing.

Davidson Hall, Room 116, 1615 Stanley Street, New Britain, CT 06050

Fax it to 860-832-2250 or email it to regstaff@ccsu.edu