

## **Student Status Change Request Form**

Printed Name:			Student ID#:			
Email:				Phone: (	)	(  Home/  Cell)
IMPORTANT NOTE: S financial aid eligibility, k (volume and number) ii	both now and in	the future. Char	nges will be su	t the Financial A bject to the prog	id Office to discuss i Iram availability, cou	the impact of all changes on urse availability and catalog
****Select (X)	) the option(	s) that apply	and fill ou	t the section	with the requir	ed information****
☐ OPTION 1: CHANGE OF IMMIGRATION STATUS (FOR INTERNATIONAL STUDENTS)						
Previous immigration status: Current immigration status: Start Date:						
OPTION 2: CHAN	IGE OF PROG	RAM/CONCE	NTRATION			
Change Program from					to	
	toto					
OPTION 3: CHANGE OF PREFERRED CAMPUS						
Change my preferred			<del></del>	☐ Online		
OPTION 4: ADD/DROP COURSE(S)						
<ul> <li>NEW students can only add/drop courses during the FIRST week of the SEMESTER.</li> <li>CURRENT students can add courses by the DEADLINE upon approval from Academic Advisor and Finance.</li> </ul>						
Drop Course				Add Course	Treadernie ravisor	Year-Session
OPTION 5: COUR	RSE WITHDRA	WAL				
					5 <sup>th</sup> week of classes percentage of total v	, students will receive a <u>W</u> work completed.
Year-Session				Session S	•	Last Day Attended
						1,
By checking the boxe	es below:					
☐ I am requesting the changes above and understand that changes are subject to all regulations and obligations						
as detailed in the University of the Potomac Catalog and the Enrollment Agreement.						
☐ I understa	nd I am respor	sible for all fin	ancial obliga	tions as detaile	ed in the Universit	y Catalog.
Student Signature					Date	
Office Use Only						
Academic Advisor: $\square$ Approved $\square$ Denied $\underline{\hspace{2cm}}_{Printe}$			Printed Name/Sign	nature	Date	:
Finance Department:				:		
Registrar/DSO: Char		Printed Name/Sign	nature 	Date	:	
Comments:			e/Signature			