TEXAS STATE UNIVERSITY
The rising STAR of Texas

STATUS CHANGE REQUEST

Name: _____ Student ID#: _____

Email: _____ Phone: _____

Study abroad program student is currently enrolled in: _____

I am requesting: *(Check the box that corresponds)*

☐ **Change program** *(Fee will apply)*
(If Faculty-led Program, you MUST attach an updated "Student Advising Form for Faculty-led Program")
Program changing to: _____

☐ **To drop a course in my program** *(Approval from APD will be required)*
(If Faculty-led Program, you MUST attach an updated "Student Advising Form for Faculty-led Program")

_____ *I understand that by dropping a course I may no longer qualify for the IEF Scholarship and/or financial aid.*
(Initial)

Course dropping: _____
Please include course number and title.

☐ **To add a course to my program** *(Approval from APD will be required)*
(If Faculty-led Program, you MUST attach an updated "Student Advising Form for Faculty-led Program")

Course to be added: _____
Please include course number and title.

☐ **To withdraw from my program**

☐ I have read and understand the student withdrawal cancellation policies listed on the Study Abroad Office website.

Reason(s) for this request:

_____

_____

Any possible refund will be calculated based on the date that the Study Abroad Office receives this Status Change Request.

_____
**Name*

____/____/_____
mm/dd/yyyy
Date

For Office Use Only

Form Received on: ___/___/_____
Form Received by:_____
Refund:_____ No Refund_____

___/___/_____ Notify APD _____
___/___/_____ Notify Registrar's Office _____
___/___/_____ Notify Financial Aid _____
___/___/_____ File Form _____
___/___/_____ Update Student's App. _____
___/___/_____ Notify Ass. Director _____
mm/dd/yyyy

***"I understand that by typing my name, I am electronically signing this document".**

STUDY ABROAD OFFICE

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