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)
   You MUST attach new approval form signed by advisor and program director.

☐ To drop a course in the program

☐ To change a course in my program
   You MUST attach new approval form signed by advisor and program director.

☐ To add a course to my program
   You MUST attach new approval form signed by advisor and program director.

☐ To drop from the program

Program changing to (if applicable): ____________________________________________

Course dropping (if applicable): ____________________________________________

Course changing to (if applicable): ____________________________________________

Course to be added (if applicable):
   Please include course number and title________________________________________

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.

_________________________________________  __/__/____
Student Signature                  Date

For Office Use Only

Form Received on: __/__/____
Form Received by: ___________
Refund: ________ No Refund ________

__/__/____ Notification to APD
__/__/____ FMP Update
__/__/____ Banner
__/__/____ Notification FinAid
__/__/____ Update Folder