

**Fax To: Office of the Bursar
732-263-5365**

**Monmouth University
Office of the Bursar
732-571-3454**

***REQUEST TO CHANGE UNDERGRADUATE ENROLLMENT
STATUS***

_____ Student Name (Please Print)	_____ I.D. Number
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I wish to be officially enrolled as a

- full-time (12 or more credits each semester)
 part-time (less than 12 credits each semester)

student beginning with the _____ semester. I understand
(indicate semester, e.g. "Fall 2007; Spring 2008")

that this status will continue to be in effect for future semesters until such time that I complete another "Request to Change Undergraduate Enrollment Status" form.

NOTE: A change of enrollment status may affect your Financial Aid eligibility.

Student Signature

Date

Bursar Use Only:

DEC: _____ By: _____ Date: _____