

Email To: Bursar@monmouth.edu

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

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

****USE BLACK INK ONLY****

_____ Student Name (Please Print)	_____ I.D. Number
---	-----------------------------

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
(indicated semester, e.g. "Fall 2015; Spring 2016")

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: _____