

Request for Change of Status [Full-time to Part-time or Part-time to Full-time]

| Student Name: | FIRST | MIDDLE | Year of Graduation: |
|----------------------------------|--------------|----------------|------------------------|
| Student ID: | E-Mail: | | @student.fairfield.edu |
| School: Arts & Sciences | ☐ Business ☐ | Engineering | ☐ Nursing |
| Present Major: | | Present Minor: | |
| Present Advisor: | | - | |
| Present Status: | | | |
| Proposed Status: | | - | |
| Effective Semester: | Fall Spring | Summer | Year: |
| Comments: | | | |
| | | | |
| | | | |
| Student Signature: | | | Date: |
| Dean's Office of Present School: | Signatura | | Date: |