

MONROE COLLEGE

ACADEMIC STATUS CHANGE FORM



Section I: To be completed by student

Please place a check in the boxes only if you are updating information.

Generated by: Bachelor's Office Graduate Office Online Learning SDO SGS Student Services

Name: _____ ID #: _____

Permanent Home Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Home Phone: _____ Cell Phone: _____

Local Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Local Phone: _____ Local Cell Phone: _____

Emergency Contact Person: _____ Phone Number: _____

Student Signature: _____ Date: _____

Section II: Current Semester Academic Status

Semester: _____ Program #: _____ Full-Time Part-Time

Campus: Bronx New Rochelle Online Learning St. Lucia

Section III: Change Requested for Upcoming Semester To be completed by a Student Services Counselor

Semester: _____ Program #: _____ Full-Time Part-Time

Campus: Bronx New Rochelle Online Learning St. Lucia

How many times has this student changed majors prior to this request? _____ Credits Applicable to New Program: _____

Change Effective: Fall: _____ Winter: _____ Spring: _____

Will this have an impact on Federal SAP? Yes No Will this have an impact on State SAP? Yes No

Comments: _____

Student Services: _____ Date: _____

Student Financial Services: _____ Date: _____

Bursar: _____ Date: _____

International Designated School Official: _____ Date: _____

(International students only)

Registrar: _____ Date: _____

Distribution: STUDENT SERVICES STUDENT FINANCIAL SERVICES REGISTRAR STUDENT