

DEAN OF STUDENTSOFFICE

REQUEST TO CHANGE STATUS FROM PART- TO FULL-TIME STATUS

Date:						
Name:						
GWID:	Inn:					
Email:	Year:	1L	2 L	3 L	4 L	
Phone:	Expe	Expected Graduation Date:				
Status Change to Take Effect th	1e	Semester	of 20	•		
Please state the basis for your re	equest:					
I understand that: I must contact Financial Aid and my change in status from part- to full-tir seeks to revert to their former status. (Evening) Programs). Recipients of loan funds which the University mus student's change in status, the student Please contact the Financial Aid Office I have read and understand to stated in the Law School Bull STUDENT SIGNATURE:	me will result in forfer. (See GW Law Bullet) federal student loans st return to the U.S. In the may owe the Universe to discuss all impathe requirements.	iture of scho in Transfer l may be subj Deptartment ersity (Studer cts on your f	larship awa between the ect to a pro of Education of Accounts financial aid	arded, even e Full-Tim rata calcul on. Based on s) a resultin d funds.	if a student later e and Part-Time lation of the n the date of the ng balance.	
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Dean of Students Action: App	proved 🗌 Deni	ed D	ate:		_	
Signature of Dean of Students:					_	
cc: Financial Aid Record	ls Office Care	er Center				