THE MOMENT OF DISCOVERY

FOUNDED 1855

EUREKA
COLLEGE

APPLICATION FOR CHANGE
OF STATUS

NAME: _____
              LAST   FIRST   MIDDLE

SONISID: _____

ADDRESS: _____
          STREET

_____
          CITY   STATE   ZIP

CAMPUS BOX: _____

STATUS CHANGE (circle one):   Full-time to Part-time   Part-time to Full-time

REASON FOR STATUS CHANGE:

_____

_____

_____

_____

When do you intend for this change to take effect?

     Semester (circle one):   Fall   Spring   Summer

     Year: _____

This change is (circle one):

     Permanent   Temporary

REQUIRED SIGNATURES:

Student: _____   Date: _____

Registrar: _____   Date: _____

....

cc to Business Office: _____   cc to Financial Aid: _____   cc to SPS: _____