

**CONCORDIA UNIVERSITY - Irvine, California**  
**Office of the Registrar**

## REQUEST TO DROP TO PART-TIME STATUS

Name: \_\_\_\_\_ ID#: \_\_\_\_\_  
Campus Box #: \_\_\_\_\_

---

---

I am requesting to drop to less than full-time status for the remainder of the semester:

Summer    Fall    Spring   Year \_\_\_\_\_

I intend to return to full-time status:    Yes    No

If yes, when:    Summer    Fall    Spring   Year \_\_\_\_\_

I have discussed the implications of this decision with my staff advisor and understand how this will affect my future academic career.   \_\_\_\_\_  
initial

I have discussed the implications of this decision with my Financial Aid counselor and understand how this will affect my eligibility for financial aid as well as my auto/health insurance, Social Security benefits and student loan payments.   \_\_\_\_\_  
initial

I also understand that I may no longer live on the Concordia University campus.   \_\_\_\_\_  
initial

My new address is: \_\_\_\_\_  
\_\_\_\_\_

My new phone number is: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For office use only:*

Staff Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

Financial Aid Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

Registrar's Office: \_\_\_\_\_ Date: \_\_\_\_\_

**After obtaining the above signatures, return this form along with your drop form to the Office of the Registrar for processing.**

---

**White:** Registrar

**Yellow:** Student Accounts

**Pink:** Student