



Change of Division/Enrollment Status Request

For matriculated Undergraduate and Masters & PBTL Students ONLY

Requests must be submitted to the Office of the Registrar no later than 7 business days prior to the start of either the fall or spring semester.

Please Print

Framingham State University Student ID#: _____

Last Name: _____ First Name: _____ M.I.: _____
(Must match the name under which University records)

Daytime Phone #: (_____) _____ Evening Phone #: (_____) _____

Degree Type: Undergraduate Masters PBTL Major(s): _____
(Circle appropriate type)

Student's Signature: _____ Date: _____ Currently Enrolled at FSC?
(Please circle) Yes No

Please indicate the SEMESTER and YEAR this change of enrollment status is effective: _____

Please indicate CHANGE REQUESTED (Division Change or Enrollment Status or Both):

DIVISION CHANGE _____ Day Division to the Division of Graduate and Continuing Education (DGCE).

OR

_____ Division of Graduate and Continuing Education (DGCE) to the Day Division.
Note: Students changing to the Day Division must submit a completed Proof of Residency form else
Out-of-State Tuition will be charged.

ENROLLMENT STATUS _____ Full-time to Part-time Please indicate One or Two courses: _____
(3 to 4 course) (1 or 2 courses)

OR

_____ Part-time to Full-time (Note: Issue of Health Insurance and Immunization Records)

Please indicate the REASON for the Division or Enrollment Status change:

FOR OFFICE USE ONLY

DISPOSITION

_____ APPROVED _____
Signature of Registrar or Designee Date
_____ NOT APPROVED _____
Comments: _____

Office Action: _____ Notified Student if necessary if not approved.
_____ Entered Change into Student Data Base for the appropriate semester(s).

Office Staff Date & Initials: _____