University Forms
CHANGE OF ADDRESS OR NAME FORM

I.D. NO: ________________  DATE: ________________

LAST NAME: ________________  FIRST NAME: ________________  M.I.: ________________

(Check:)  __________ UNDERGRADUATE  __________ GRADUATE

CHANGE OF ADDRESS (NEW)

MAILING ADDRESS (Where you want to receive your mail)

STREET: ________________________________

CITY, STATE, ZIP: ________________________________

PHONE NO.: ( ) ________________

CHANGE OF NAME

(Attach Marriage License, Court Order or Photo Driver’s License)

CHANGE OF NAME-MARRIED

FORMER NAME: ________________________________

MARRIED NAME: ________________________________

CHANGE OF NAME-LEGAL (Attach Court Order or Photo Driver’s License)

FROM: ________________________________

TO: ________________________________

Student’s signature: ________________________________

Please complete this form and return to the Office of the Registrar. (fax) 860-832-2250

Office of the Registrar, Davidson Hall 115, 1615 Stanley Street, New Britain, CT 06050

Revised 9/06
Central Connecticut State University
Office of the Registrar

Name: ____________________________  CCSU ID Number: ____________________________

Address: ____________________________  Semester: ____________________________

Street and Number: ____________________________

City: ____________________________  Today's Date: ____________________________

Change of Status Form

Type of Change (check one)

[ ] Full Time
Undergraduate Full Time: 12 credits minimum
Graduate Full Time: 9 credits minimum

[ ] Part Time
Undergraduate Part Time: 11 credits maximum
Graduate Part Time: 8 credits maximum

Note: FT students changing to PT status at the beginning of a term and who had intended to obtain the University-billed Sickness Insurance will instead need to contact and pay directly to the Chickering Group at 877-375-4244 or go online to www.chickering.com for Sickness Insurance available to Part Time students.

Please note that changing your status may affect the following:

✓ If you have Financial Aid, your aid may be affected.
✓ Satisfactory Academic Progress for federal, state or institutional financial aid. Please refer to the Catalog.
✓ If you live in a University Residence Hall, contact Residence Life, Barrows Hall 120 (860-832-1660).
✓ If you receive Veterans Benefits, your benefits may be affected.
✓ Student Athletes must remain Full Time in order to maintain eligibility.
✓ Full Time International Students changing to Part Time status need approval from the Immigration Specialist of the Center For International Education:

__________________________  _________________
Student's Signature  Date

__________________________  _________________
Registrar  Date

Important Deadlines:
The deadline to change status from Part Time to Full Time is the end of the Add/Drop Period.
The deadline to change status from Full Time to Part Time is the end of the third week of the semester.

Please complete this form and return to Office of the Registrar for approval:
Office of the Registrar, Davidson Hall Room 115, 1615 Stanley Street, New Britain, CT 06050.

Rev 09/06
Undergraduate Change of Major, Degree or Advisor

Office of the Registrar- Davidson Hall
1615 Stanley Street; New Britain, CT 06050-4010

Name: ___________________________  I.D. Number: ___________________________
Address: ___________________________
Telephone Number: ___________________________

Present Advisor: ___________________________  Current Department: ___________________________
Current Major: ___________________________

For declaring a Second Major, use a “REQUEST FOR A SECOND MAJOR FORM”

☐ Declaring New Undergraduate Degree Program
☐ Undeclared  ☐ BA  ☐ BFA  ☐ BS  ☐ BSN
☐ BSED, if BSED choose one below
☐ Special Subject Field  ☐ Early Childhood  ☐ Elementary  ☐ Secondary

☐ Declaring New Major: ___________________________
Concentration/Specialization (if required) ___________________________

☐ Declaring a Minor: ___________________________  ☐ Declaring a Second Minor: ___________________________

☐ New Advisor: ___________________________

Summary:
My Major: ___________________________  My Concentration (if applicable): ___________________________
My minor (if applicable) is: ___________________________  My Second Minor (if applicable): ___________________________

Student’s Signature ___________________________  Date ___________________________

Signatures Required for Categories Added

Chair, Major Department ___________________________  Date ___________________________
Advisor’s name as assigned by department (Print Name) ___________________________
Chair, Minor Department ___________________________  Date ___________________________
Chair, Teacher Education (Required for BSED only) ___________________________  Date ___________________________

Revised 04/06
UNDERGRADUATE STUDENT LEAVE OF ABSENCE FORM

A Leave of Absence is a period of separation from CCSU for up to two consecutive semesters. During this time a student maintains his/her matriculation and is entitled to return to CCSU. The Undergraduate Student Leave of Absence enables students to return after a maximum two-semester absence from campus. Students with this status need not apply for readmission. Students may register for classes during the normal registration period based on cumulative credits earned both in transfer and at CCSU. For additional information, please refer to the following website: www.ccsu.edu/Registrar. This policy does not supersede any existing University withdrawal policy.

Name: _______________________________  CCSU ID#: _______________________________

Living in Residence Hall?  __ Yes  __ No  If yes, notified Housing Director  __

International Student?  __ Yes  __ No  If yes, notified CIE Director  __

Semester of anticipated return to CCSU: _______________________________
(Separation from the University may be no more than two consecutive semesters)

Student’s Signature _______________________________  Date: ________________

Please keep student copy for your records.

Please notify the Office of the Registrar of any change of address that may occur during your separation from the University.

Office Use Only:
Processed by: _______________________________  Date: ________________

Registrar/Enrollment Center (original)  Student (2nd copy)

DO NOT USE THIS FORM TO WITHDRAW FROM THE UNIVERSITY  Rev. 07/03
University Withdrawal Form

Reason for Withdrawal: ____________________________________________________________

Major: ________________________ Total Credits: ____________________

Withdrawal Form Must Be Returned to the Office of the Registrar, Davidson Hall, Room 115

University Withdrawal is allowed no later than four weeks before the last day of the final examination period. Withdrawals after this date will be permitted only under extenuating circumstances and will require consultation and approval of the Academic Dean and the Registrar.

It is the responsibility of the student to contact the appropriate offices below to ensure proper withdrawal:

✓ If you have Financial Aid, please contact the Financial Aid Office, Memorial Hall (860-832-2200)
✓ If you participate in the University-billed Sickness Insurance plan, your coverage under the plan may be affected
✓ If you live in a University Residence Hall, contact Residence Life, Barrows Hall 120 (860-832-1660)
✓ If you receive Veterans Benefits, contact Veterans Affairs, Willard Hall 133 (860-832-2838)
✓ If you are taking a Leave of Absence to Study Abroad, please indicate the name of the program or university that is sponsoring the study: __________________________
✓ If you are a Student Athlete, approval is required if you fall below 12 credits:
  Athletic Compliance Officer: __________________________
  (All Student Athletes must maintain Full Time status and be actively enrolled in at least 12 credits. Withdrawal below 12 credits will affect eligibility to practice and compete.)

In the withdrawal process, I promise to pay Central Connecticut State University, its agents or contractors, any indebtedness which I have incurred. Additionally, I realize a withdrawal status may affect certain federal and state benefits, various financial aid programs, loans, scholarships, and social security benefits. Satisfactory Academic Progress requirements must be met for continued financial aid eligibility. Exit interviews are required of all recipients of student loans.

_________________________________________ ___________________________
Student’s Signature Date

_________________________________________ ___________________________
Registrar Date

Failure to properly complete and return this form will result in termination of the withdrawal process. Rev 04/06
Application for Graduation

Semester and year in which you plan to COMPLETE degree:

December 20___  May 20___  August 20___

Do you plan to attend the annual Commencement ceremony?  Yes _____  No _____
(I understand that participation in commencement ceremonies does not mean that I have graduated and that I am obligated to complete all degree requirements.)

Full Name
(if your name as it is to appear on your diploma)

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Permanent Address:

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Phone: Home:  ( )  Work:  ( )  Cell:  ( )

CCSU ID Number:

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Your full-time occupation:

Employer:

If married, name of spouse:

Is spouse a CCSU Graduate?

If yes, year of graduation:

Degree Program:  (circle one)

BA  BS  BFA  BS-ET  BS-IT  BS-ED  BSN

Major:

Concentration:

Minor:

Return to:
Registrar's Office
Central Connecticut State University
Davidson Hall, Room 115
1615 Stanley Street
New Britain, CT 06050

Office Use Only:
Matric Date, _ Major/Minor Date: _
(Admit Term)  (Catalog Term)
Eval.: _______ Initial Eval.: _______
Lang. Req. _______ (rev 10/86)
COURSE WITHDRAWAL AFTER MID-POINT

- Requires 4 signatures:
  - Student
  - Instructor
  - Department chair
  - Dean