



2022/2023 OMBA and BSBA CHANGE IN ENROLLMENT FORM (R2T4)

RETURN TO: Student Services Ctr. 250 Financial Aid and Scholarship Office Chico, CA 95929-0705 Phone: 530-898-6451 Fax: 530-898-6883 Email: finaid@csuchico.edu Website: www.csuchico.edu/fa	Last Name:	First Name:
	Chico State ID:	Phone:
	E-Mail:	Date of birth: MM / DD / YYYY
	Address:	

Federal regulations require that you attend and complete all your scheduled courses. Your scheduled courses are all courses in which you have enrolled and for which you have been funded. If you do not begin attendance or your class is canceled or you cease to attend any of your scheduled courses, you may have to repay funds you have received for your enrollment. Attendance in a future course may nullify your repayment requirement. If you plan to add a future course, you must indicate the information below in addition to courses in which you are currently enrolled or dropping.

Note: Failure to begin attendance in the future session may result in you having to repay financial aid funds you received. The date you originally signed this form will be used to calculate your repayment amount.

REVISION TO SEMESTER ENROLLMENT			
*List <u>all</u> of your courses, not just new adds or drops!			
Course Name and # (e.g., MGMT 635)	Add / Drop / Enrolled ?	Course Dates (e.g., 8/23/21-10/1/21)	Units
Total Semester Units			

Please read and certify your application by checking the statements below.

All information provided on this form is true and complete to the best of my knowledge.
 I understand that my aid may be adjusted or cancelled, and I may be required to repay aid based on the revisions in my enrollment.
 If my enrollment plans change, I will notify the Financial Aid and Scholarship Office immediately.
 I will update my current mailing/local address on my Student Center, if necessary.

Student Signature
Date