

2009-10 HOURS REVISION/STATUS CHANGE FORM

(If you are changing hours/status just prior to or at the beginning of a semester, please allow up to 2 weeks for the revision to be processed. Thank you.)

Name _____

SS# _____ EIU ID# _____

Local Address _____

Local Telephone _____ email _____

** What will be your grade class level when you begin the Fall Semester of the 2009-2010 school year? Check one.

Freshman (0-29 hours)	Sophomore (30-59 hours)	Junior (60-89 hours)	Senior (90+ hours)	Graduate
_____	_____	_____	_____	_____

DO NOT COMPLETE THIS FORM UNTIL AFTER YOU REGISTER FOR THE HOURS INDICATED BELOW:

FALL 2009 I AM NOW REGISTERED FOR THE FOLLOWING HOURS:

_____ Number of Hours ON CAMPUS

_____ Number of Hours through the SCHOOL OF CONTINUING EDUCATION (OFF CAMPUS)

_____ Total Number of Cumulative Hours (Credit Hours at the beginning of Fall Semester)

** What will be your grade class level when you begin the Spring Semester of the 2009-2010 school year? Check one.

Freshman (0-29 hours)	Sophomore (30-59 hours)	Junior (60-89 hours)	Senior (90+ hours)	Graduate
_____	_____	_____	_____	_____

SPRING 2010 I AM NOW REGISTERED FOR THE FOLLOWING HOURS:

_____ Number of Hours ON CAMPUS

_____ Number of Hours through the SCHOOL OF CONTINUING EDUCATION (OFF CAMPUS)

_____ Total Number of Cumulative Hours (Credit Hours at the beginning of Spring Semester)

_____ PLEASE INCREASE MY FEDERAL LOANS BECAUSE MY GRADE/CLASS HAS INCREASED.

I understand that if these reported hours do not match my scheduled hours at the time of revision, this request will be destroyed and I MUST complete another Hours Revision Form.

Signature of Student

Date