



Registrar’s Office/Administrative Services Center

Chyngyz Shamshiev _____
Vice President/ Chief Operating Officer

Chynarkul Ryskulova _____
Vice President for Academic Affairs

Application to change Full-time/Part-time Status

I request permission to change my status **from** _____ **to** _____ starting from spring / fall semester (please circle appropriate semester) of 20____ **due to** (please specify the reason) _____

Initiator:

№	Student’s Name	Student’s ID	Department	Year of study	Signature	Date
1.						

Approved by:

№	Name	Position	Signature	Date
1.		Head of Division/Program Chair		
2.		Head of Registrar’s Office (110)		
3.		Senior Accountant (T15)		
4.		Head of Financial Aid office (237)		

Received by:

№	Name	Position	Signature	Date
1.		Administrative Services Center (234)		