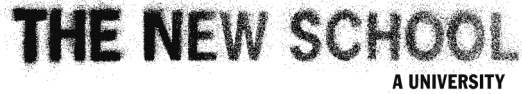


Student Financial Services  
 Office address: 65 Fifth Avenue, New York, NY 10003  
 Mailing address: 79 Fifth Ave, 5<sup>th</sup> FL., New York, NY 10003  
 Email address: sfs@newschool.edu  
 Phone (212) 229-8930 Fax (212) 229-5919



# Status Change Form

Please use this form to indicate any change in enrollment or outside sources of funding

Name \_\_\_\_\_ New School ID number \_\_\_\_\_

Telephone number \_\_\_\_\_ E-mail address \_\_\_\_\_

School/Major/Program \_\_\_\_\_

To complete this form: If your number of credits has or will change, complete **Section I**. If you are receiving or expect to receive educational funding from an outside source, complete **Section II**. **All students should sign Section III.**

## I. Use this section if your enrollment status has or will change

Old enrollment status		New enrollment status	
Term/Year <i>(ex: fall 2007)</i>	Course credits/equivalency credits	Term/Year	Course credits/equivalency credits
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____	_____ / _____

“Course credits” refer to regular coursework for which you pay tuition. “Equivalency credits” refer to credits approved by your department for independent coursework that is the equivalent of certain number of course credits (for example, thesis/dissertation work can be assigned equivalency credit) and for which you are NOT charged tuition. Course credits plus equivalency credits should equal your total registered credit load for a given semester.

## II. Use this section to notify us of external scholarships, employer reimbursement, fee waivers, and/or other outside sources or external funding

What type of outside funding will you be receiving (scholarship, New School employee tuition reimbursement, departmental fee waiver, employer tuition reimbursement, other)?  
 \_\_\_\_\_  
 \_\_\_\_\_

How much will you be receiving? For how many semesters? \_\_\_\_\_

Is there any additional information you wish to provide?  
 \_\_\_\_\_

## III. Certification

My signature below indicates that, to the best of my knowledge, all the information above is complete and accurate. I understand that this information may change my award eligibility for any or all types of financial assistance. I also attest that I have read and understand the terms and conditions of my award, as outlined on the back of my Financial Aid Award letter, as well as any terms and conditions outlined by my division.

Signature \_\_\_\_\_ Date \_\_\_\_\_