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2014-2015 Academic Year Change in Enrollment Hours and/or Residency Status Form

Student Printed Name	UI Student ID #
Change in Enrollm	ent Hours
☐ I am declining all of my ☐ 2014-2015 ☐ Fall 2014 ☐ Spring (You must directly inform other University departments of your plans	
will be registered for hours for the 2014 Fall semester and	hours for the 2015 Spring semester.
Change in Residen	ncy Status
Fall 2014 semester: I will be assessed □ resident □ nonresident tuition	1.
Spring 2015 semester: I will be assessed ☐ resident ☐ nonresident tuit	ion.
Student Signature	Date