2010 Summer Change of Status Form

Name: ___________________________________________ ______________________

Last   First   UCI ID Number   (____)_____________

Cell/Contact Phone Number

Cancellation Statement:
If you would like our office to stop processing your 2010 summer financial aid application, please check here and sign below.

☐ I will not be attending UCI Summer Session 2010 and I am requesting that my application for summer financial aid be withdrawn.

Disbursement Change:

☐ I would like all of my summer financial aid funds disbursed at the beginning of summer I/10-week.
I understand I will not receive additional funds at the beginning of summer session II.

Change of Housing:
Where do you plan to live during the 2010 Summer Session?
(Check only one box)

☐ on campus
☐ with parents
☐ off campus apartment, including Vista del Campo
☐ other:________________________

Changes of Classes, Units and/or Session (List total units for each session): If a Summer Travel Program is included in your change(s) in enrollment, please contact a financial aid counselor.

<table>
<thead>
<tr>
<th>Summer Session</th>
<th>Dates</th>
<th>CURRENT</th>
<th>REVISED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Regular Units</td>
<td>Number of Research/Independent Study Units 198/199</td>
<td>Number of Regular Units</td>
</tr>
<tr>
<td>Session I</td>
<td>June 21 – July 28</td>
<td></td>
<td></td>
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<tr>
<td>10-Week</td>
<td>June 21 – August 27</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Session II</td>
<td>August 2 – September 8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Explain why you are requesting this change:

_______________________________________________________________________________________________
_______________________________________________________________________________________________

Signature_________________________ Date_________________________