

**FULL-TIME / PART-TIME STATUS CHANGE FORM  
ILLINOIS STATE UNIVERSITY MBA PROGRAM**

Name: \_\_\_\_\_  
*First Name                      Middle Initial                      Family Name*

University ID Number: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

I request permission to change to (choose one:)

- full-time\*
- part-time\*\*

student status beginning in the following semester and year: \_\_\_\_\_.

I verify that I work (*number*) \_\_\_\_\_ hours per week.

Company: \_\_\_\_\_

Department or Supervisor: \_\_\_\_\_ and their phone number: \_\_\_\_\_

I understand that I am to register for 2 or fewer courses if I was admitted as a part-time student, or 3 or more courses if I was admitted as a full-time student, until I receive permission to change my status.  
The reason I wish to make the change is:

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

\* Full-time student status is defined for this purpose as taking three or more courses per semester.

\*\* Part-time student status is defined for this purpose as taking one or two courses per semester.

----- (for office use only) -----

Permission granted on (*date*) \_\_\_\_\_ by (*signature*) \_\_\_\_\_.

Permission denied on (*date*) \_\_\_\_\_ by (*signature*) \_\_\_\_\_.

Student notified of decision on (*date*) \_\_\_\_\_ by (*initials*) \_\_\_\_\_

- by phone*
  - spoke with* \_\_\_\_\_
  - left voice mail*
- in person*
- e-mail*