



Plymouth State University
of the University System of New Hampshire
Office of the Registrar

REQUEST FOR CHANGE IN STUDENT STATUS

Part-Time to Full-Time

Form Received by:

Name (Please print)

Student ID#

Last	First	M.I.	
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Home Address

Street	Phone		
City	State	Zip	

Please change my student status from **Part-Time** to **Full-time** status at Plymouth State University.
Effective:

Semester: _____ **Year:** _____

Student Signature: _____ Date: _____



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