

FIRST

MIDDLE

LAST

CHAPMAN ID NUMBER

PHONE NUMBER

CURRENT ACADEMIC YEAR

Please complete sections that apply**A.** I will be living in one of the following locations as of _____.

- ☐ Chapman Residence Halls
☐ Chapman Apartments (Chapman Grand/Harris/Davis/Panther Village/The K/ Chapman Court)
☐ Off Campus WITH parent(s)
☐ Off Campus

B. I need my number of credits revised to:

FALL ____ credits SPRING ____ credits

☐ I will be graduating in the year_____: ☐ FALL ☐ SPRING**C.** I will be returning from a leave of absence in:☐ FALL ____YR ☐ SPRING ____YR**D.** I advanced grade levels and am now a☐ SOPHOMORE ☐ JUNIOR ☐ SENIOR**E.** I will be taking a travel course:

Course Name: _____

Term: ☐ FALL ☐ SPRING**F.** Other: _____

STUDENT SIGNATURE

DATE