

DECLARATION OF COURSE ENROLLMENT LOCATION

This form is to be used by students admitted to a Rindge program who either:

1. **wish to take only online courses for a semester,**
2. **wish to switch entirely to the online program, or**
3. **are returning to taking Rindge campus courses after spending a semester online.**

Students will be **required** to consult with their **Academic Advisor, College Dean, Student Financial Services,** and **Residential Life** before the start of the semester in which they request to change their enrollment location.

Student Name: _____ **ID Number:** _____

Major: _____ **College:** COB CHNS CLASS

Academic Year: _____ Fall Semester Spring Semester

What are your reasons for wanting to study online only for a semester?

Anticipated online course schedule for the semester requested to be 100% online (two courses per term, unless permission given by appropriate Dean to take more than two per term):

Term	Course Code	Course Title

If this request is granted, what are your plans for completing your degree?

READ, CHECK, SIGN, AND DATE AS APPROPRIATE

Moving to 100% online permanently

I will be completing my degree in online terms only and am not returning to the Rindge Campus*

**Academic Advisor and Dean/Designee to ensure plan for completion is in place*

Moving to 100% online for one semester

I will be taking **all** my classes **online** in either undergraduate or graduate terms.

I will **not** live on the Rindge Campus for the semester.

I have consulted with Student Financial Services about billing and financial aid implications of this request, and I understand my financial obligations.

I have consulted with my Academic Advisor regarding course registration for my online term and the path to the completion of my degree.

By signing below, I acknowledge that switching my enrollment to/from 100% online has billing and financial aid implications, and I agree to the 100% online policy as written in the academic catalog.

Student Signature

Date

Student Printed name

Advisor Signature

Date

Advisor Printed name

Dean/Designee signature

Date

Dean/Designee printed name

For Students Returning to Rindge Campus following an online semester:

I will be taking all of my classes on the Rindge Campus

I will be living on the Rindge Campus for the semester

I have consulted with Student Financial Services about billing and financial aid implications of this request.

I have consulted with my Academic Advisor regarding course registration for the semester of my return.

Questions? Here's who to ask:

Tuition, fees, room & board, and financial aid award:

Student Financial Services **1-877-372-7347** or **osfs@franklinpierce.edu**

Housing:

Residence Life **603-899-4176** or **housing@franklinpierce.edu**

Registration for classes:

Registrar's Office **603-899-4068** or **registrar@franklinpierce.edu**