

OFFICE OF THE REGISTRAR 40 University Drive Rindge, NH 03461 (603) 899-4068 registrar@franklinpierce.edu

## **DECLARATION OF CHANGE OF MATRICULATION LOCATION ONLINE DEGREE COMPLETION**

Rindge>100% Online

This form is to be used by students initially admitted to a Rindge program who wish to move exclusively online to complete their degree.

Students will be <b>required</b> to consult with their <b>Academic Adv</b> before the start of the semester in which they request to chamaking sure appropriate offices are consulted	U			
Student Name:		ID Number:		
All programs (Majors, Minors, and Certificates) in wh	nich student is enr	rolled at time of reque	st:	
Anticipated major for degree completion. *PLEASE NO	·	,	•	
are completable exclusively online. For a list of undergrad	duate programs offer	red at various location, s	ee the current Academi	
Catalog.				
Academic Year and Semester request would take place:	Year	Fall Semester	Spring Semester	
What are your reasons for wanting to change your matri	culation location?			

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

Term	Course Code	Course Title	

READ, C	CHECK, SIGN, AND DATE AS APPROPRIATE				
Moving	g to 100% online for one semester				
	I will be taking <b>all</b> my classes <b>online</b> for the duration of my degree completion.				
	I will <b>not</b> 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.				
	ing below, I acknowledge that switching my gree to the 100% online policy as written in	enrollment to 100% online has billing and financial aid implications, the academic catalog.			
Student S	Signature	Date			
Student 1	Printed Name				
Advisor Signature		Date			
Advisor I	Printed Name				
Dean/Designee Signature		Date			
Dean/De	esignee Printed Name				
Q	uestions? Here's who to ask:				
Т	uition, fees, room & board, and finance				
Н	Student Financial Services 1-877-372 lousing:	-7347 of Osis@frankiinpierce.edu			
	Residence Life 603-899-4176 or house	sing@franklinpierce.edu			
R	Registration for classes: Registrar's Office 603-899-4068 or re	egistrar@franklinpierce.edu			

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