

Change of Residency Form

Return this form to the Office of Academic Records in Brown Administrative Complex, Room 154 or academicrecords@hbu.edu.

First & last name: _____ **H#:** _____

HCU Email: _____ **Phone:** _____

Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Graduate

Degree (BA, BS, MA, MBA, EdD, etc.): _____ **Major:** _____

I am requesting to change: ☐ From Online to Residential ☐ From Residential to Online

Effective term & year: ☐ Summer _____ ☐ Fall _____ ☐ Spring _____

Reason: _____

By signing below, I acknowledge that a change to online residency means I will no longer be eligible for institutional scholarships and this change will result in forfeiture of any remaining scholarship funds. I acknowledge that a change to on-campus residency means I will no longer be eligible for any previously applied online tuition discounts. I understand my financial aid package/award will be recalculated based on this change of residency.

Student signature: _____ **Date:** _____

☐ Approved ☐ Not Approved **Director of Admissions:** _____ **Date:** _____

☐ Approved ☐ Not Approved **Assoc. VP, Financial Operations:** _____ **Date:** _____

Office of Academic Records Use Only

Updated in Banner? ☐ Yes ☐ No

Processed by: _____ **Date:** _____



Houston Christian
UNIVERSITY

OFFICE OF ACADEMIC RECORDS

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