



Edward Via College of  
Osteopathic Medicine

## CHANGE OF STATUS

NAME \_\_\_\_\_  
Last First M

Class of: 20\_\_\_\_

ADDRESS \_\_\_\_\_  
Street

City State Zip Code

Student Signature Date Personal Email

### **WITHDRAWAL:**

Medical Military Personal Requested effective date \_\_\_\_\_

Note: \_\_\_\_\_

### **LEAVE OF ABSENCE:**

Medical\* Administrative  
*\*Attach Physician's Letter (see student handbook)*

Requested leave effective dates:

Requested Start \_\_\_\_\_ Estimated Return \_\_\_\_\_

Reason for Leave Request: \_\_\_\_\_

### **INVOLUNTARY WITHDRAWALS (IW):** *The Dean makes determination of all IW's*

Suspension Start Date: \_\_\_\_\_  
Anticipated End Date (or unknown): \_\_\_\_\_

Dismissal Effective Date \_\_\_\_\_

Unofficial IW Effective Date: \_\_\_\_\_  
Anticipated End Date (or unknown): \_\_\_\_\_

**CONTINUED ON BACK**

**STUDENT NAME:** \_\_\_\_\_

Notes: \_\_\_\_\_

**Required Signatures** - *All Withdrawals and Leaves are to be initiated through the Assistant V.P Student Services and must be approved by the Dean PRIOR to obtaining other signatures. Involuntary Withdrawals are initiated by the Dean.*

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VP for Student Services *	Date	Note
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Dean *	Date	Note
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Associate Dean *	Date	Note
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VP of Operations *	Date	Note
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Chief Financial Officer *	Date	Note
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Director Financial Aid *	Date	Note
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Director of Library Services *	Date	Note
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Registrar *	Date	Note
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(\* or Authorized Designee)

**For Office Use (To be completed by the Registrar):**

Date Returned:

White Coat: \_\_\_\_\_ Name Tag: \_\_\_\_\_ ID Badge: \_\_\_\_\_ Other: \_\_\_\_\_

Notes: \_\_\_\_\_

Revised 6/2015