



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.*

Dean *	Date	Note
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Associate Dean *	Date	Note
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Asst. VP of Student Services *	Date	Note
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Chief Operations Officer *	Date	Note
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Chief Financial Officer *	Date	Note
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Director of Financial Aid *	Date	Note
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Library *	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