STUDENT STATUS CHANGE REQUEST

Instructions
To request a change in enrollment:
• Complete this form and present it to your Department Chair or program director for signature.
• Submit the completed and approved form to the University Office of the Registrar (Ste 115 Curtis Bldg.)

If you are receiving financial aid, you should also consult with the University Office of Financial Aid regarding the effects of the status change on your eligibility for aid.

Prior to returning from a Leave of Absence, you must:
• Refile a Student Status Change Request at least 30 days prior to the start of the semester in which you plan to return.
• Contact the Office of Financial Aid for appropriate forms and application deadlines.

See the appropriate student handbook for policies governing changes in enrollment status (e.g. withdrawal from the School, Leave of Absence, etc.)

Effective date of change: ________________

Name (please print)
________________________________________
Permanent Address
________________________________________
(______) ________________________________
Telephone
________________________________________
Campus Key
________________________________________

Complete Each of the following:
☐ Withdrawal from the University
☐ Withdrawal from the School
☐ Leave of Absence

From: ____________ To: ____________
(Month/Day/Year) (Month/Day/Year)

☐ Return from Leave of Absence

Reason for Change:
☐ Academic ☐ Financial
☐ Medical ☐ Personal
Other: ________________________________________________

Student Signature: _________________________________ Date: ______________

Academic Division Approval Signature: ________________________ Date: ______________

☑ Fall ☐ Spring ☐ Summer ☐ Pre Fall Year: ______

College/School __________________________________________
Dept/Program (e.g. Nursing RN – BSN, MSN, DNP) ________________
Expected Graduation Date Prior to Change
______________________________
Expected Graduation Date After Change
______________________________

Part-time/Full-Time Status:
☑ Change to Full-Time (12 credits or more UG, 9 credits GR)
☐ Change to Part-Time (Fewer than 12 credits UG, 9 credits GR)

NOTE: Changes in Full-Time/Part-time status may affect a student’s eligibility for financial aid. Consult with the University Office of Financial Aid.

☐ Return from Leave of Absence

Reason for Change:
☐ Academic ☐ Financial
☐ Medical ☐ Personal
Other: ________________________________________________

Student Signature: _________________________________ Date: ______________

Academic Division Approval Signature: ________________________ Date: ______________

REV 11/14