

CHANGE OF STATUS FORM

Date _____

Student's Name _____ Faculty Advisor _____

Check the appropriate box:

1st year 2nd year OYR TFI OYR TFI I OYR TFI II Part-Time Adv. Standing Dual Degree

Request for [(✓) check appropriate box]

Withdrawal *Leave of absence* *Medical Leave of absence*
 Reduced schedule *Change of Method** *Re-admit*

Reasons for request:

** For change of method: signatures of chairs of both methods are required.*

- Chair _____
- Chair _____
- Student Signature _____
- Faculty Advisor _____
- Associate Dean _____

Approved: YES NO

cc: Admission/Records Office (Enrollment Management)
 Faculty Advisor
 Student File

ADVISOR'S STATEMENT FOR CHANGE IN STATUS

Please state your understanding of the student's request or need for a change in status. It would be helpful to know the following:

- ◆ Did the student end in class and/or field in a responsible manner?
- ◆ What factors should be considered if there is a request for return to the program?
- ◆ What factors should be considered if there is a request to apply to a different pathway?
- ◆ If the student was counseled to leave school at this time, what factors should be considered if there is a request for readmission at some future time?

Faculty Advisor

Date