

Change of Status Form

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| --- | --- | --- | --- |
| Student Name: | Enter text. | URID: | Enter text. |
|  |
| Program: | Choose an item. |

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  Change of program effective: | MM/DD/YYYY | From: | Choose an item. |
|  |
|  | To: | Choose an item. |
|  |  |  |
|[ ]  Change time status effective: | MM/DD/YYYY | From: | Choose an item. |
|  |  |
|  | To: | Choose an item. |
|  |
|[ ]  Change level effective: | MM/DD/YYYY | From: | Choose an item. |
|  |
|  | To: | Choose an item. |
|  |
|[ ]  Termination effective: | MM/DD/YYYY | Reason: | Choose an item. |
|  |
|[ ]  Leave of absence from: | MM/DD/YYYY | To: | MM/DD/YYYY |
|  |
|[ ]  In absentia from: | MM/DD/YYYY | To: | MM/DD/YYYY |
|  |
|[ ]  Extension of time granted to complete degree to: | MM/DD/YYYY |
|  |
|[ ]  Other: |  |

Program Director Signature Date

Senior Associate Dean Signature Date

Original to Graduate Education and Postdoctoral Affairs, Box 316

Copy to Program