

Change of Status Form

▶ Student Information

Date: _____

--	--	--	--	--	--	--	--

Eagle ID Number

Requires Permission of Associate Dean: (see below)

- GA&S (02) Candace Hetzner
- LSOE, Graduate Programs (10) Elizabeth Sparks
- CSOM, Graduate Programs (11) Jeffrey Ringuest
- CSON, Graduate Programs (14) M. Katherine Hutchinson
- STM (18) Jennifer Bader

Name: _____
Last First

Street: _____

City: _____ State: _____ Zip: _____

▶ Present Status

Degree Program: _____ Major/Field of Study: _____

▶ Status for Which Approval is Sought

Degree Program: _____ Major/Field of Study: _____

Semester when status change first becomes effective (check one): Fall Spring Academic Year: _____

▶ Department Approval

Department Chairperson's or
Advisor's Signature(s): _____ Date: _____

_____ Date: _____

(Chairperson will forward all copies of this form to the Associate Dean.)

▶ Associate Dean's Approval

Associate Dean's Signature: _____ Date: _____