Change of Status Form

▶ Student Information

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: __________