



Change of Status Form

?	FOR OFFICE USE ONLY
Effective Date:	_____
Determination Date:	_____

Student Information:

Academic Unit _____

Term(s) Away Fall 20____ Spring 20____ Summer 20____

Intended Return Fall 20____ Spring 20____ Summer 20____

Student ID # _____

Student Name _____

Last Name First Name Middle Initial

Phone # _____ Preferred Email address: _____

Currently living on campus? Yes No Location: _____

Are you a combined/dual degree student? Yes No ? Primary campus: _____

Are you an international student? Yes No

Address while away from UR _____

Phone # while away from UR (if different) _____

Type of Change:

Leave of Absence (check all that apply)

Continuation of Enrollment Degree Complete Degree Pending

Medical (additional documents required for leave and return)

Study in USA _____ (School/College) _____

Internship

Military Service

Industry Practicum _____ Remaining on campus? Yes No

Work

Personal

Financial

Other _____

Withdrawal (check all that apply)

Transfer to _____

Lack of Registration

Medical (additional documents required for leave and return)


Involuntary Separation _____

Work

Personal

Financial

Other _____

● Enrollment Status Change 

Key: FT = full-time HT = half-time LHT = less than half-time X = no enrollment/non-deferrable loan status

● ● ● ● to ● ● ● ●
 FT HT LHT X FT HT LHT X

● Reclassification

- Class _____ to Class _____
- Reactivation (if applicable) Class _____ to Class _____
- Readmission (if applicable) Class _____ to Class _____

Notes/Comments:

Student Signature *(if applicable)* _____ Date __/__/__

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Fees/Refund/Tuition/Scholarship Changes:

Approval:

Signature _____ Date __/__/__ Signature _____ Date __/__/__
 Signature _____ Date __/__/__ Signature _____ Date __/__/__

- Distribution List:**
- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Dean/Admin | <input type="checkbox"/> IT | <input type="checkbox"/> Univ Counseling Ctr |
| <input type="checkbox"/> Advisor(s) | <input type="checkbox"/> Department | <input type="checkbox"/> NROTC | <input type="checkbox"/> Univ Health Services |
| <input type="checkbox"/> Athletics/Recreation | <input type="checkbox"/> Financial Aid | <input type="checkbox"/> OMSA | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bursar | <input type="checkbox"/> GEPA | <input type="checkbox"/> Registrar | |
| <input type="checkbox"/> Campus Mail Center | <input type="checkbox"/> ID Office/Dining Services | <input type="checkbox"/> Residential Life | |
| <input type="checkbox"/> Dean of Students | <input type="checkbox"/> Int'l Services Office | <input type="checkbox"/> Student Employment | |

Other Academic Unit Specific Information: