

VCOM VCOM VCOM VCOM VCOM

EXIT/CHANGE OF STATUS

NAME _____

Last

First

MI

ADDRESS _____

Street

City

ST

Zipcode

Student Signature Date Personal Email Address

LEAVE OF ABSENCE:

Requested Leave: Medical__ Other__ Dates of Requested Leave ____ - ____
Expected Date of Return _____

Reason for Leave request _____

Assigned Leave: Academic Suspension__ Dates of Suspension ____ - ____

Reason for Suspension _____

WITHDRAWAL:

Voluntary: Medical __ Personal __ Military __ Other __ Requested effective date ____
Expected Re-enroll date _____

Note: _____

Dismissal: Academic __ Other(Explain) _____

Date Returned: __ White Coat __ Name Tag __ Mail box key __ VCOM Passport

Dean or Authorized Designee	Date	Note
Associate Dean	Date	Note
Dir. Medical Education	Date	Note
Asst. V.P. Student Services	Date	Note
Chief Operations Officer	Date	Note
Chief Financial Officer	Date	Note
Assoc.Dir. Financial Aid	Date	Note
Registrar	Date	Notified: __NSLDS__ARS__Va Tech Student Svcs

Revised 11/06/2008