



CHANGE OF STATUS

NAME

Last First MI
ADDRESS _____
Street City ST Zipcode

Student Signature Date Personal Email

WITHDRAWAL:

___ Medical ___ Military ___ Personal Requested effective date _____

Note:

LEAVE OF ABSENCE:

_____ Medical* _____ Administrative Requested Date for Leave to Start _____
Expected Date of Return _____

**Attach Physician's Letter (see student handbook)*

Reason for Leave Request:

INVOLUNTARY WITHDRAWALS (IW): *The Dean makes determination of all IW's*

_____ Suspension Start Date: _____
Anticipated End Date (or unknown): _____

_____ Dismissal Effective Date _____

_____ Unofficial IW Effective Date: _____
Anticipated End Date (or unknown): _____

CONTINUED ON BACK

STUDENT NAME: _____

Notes: _____

Required Signatures - *All Withdrawals and Leaves are to be initiated through the Assistant V.P Student Services and must be approved by the Dean PRIOR to obtaining other signatures. Involuntary Withdrawals are initiated by the Dean.*

Dean or Authorized Designee	Date	Note
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Associate Dean	Date	Note
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Asst. V.P. Student Services or Authorized Designee	Date	Note
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Chief Operations Officer	Date	Note
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Chief Financial Officer	Date	Note
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Dir. Financial Aid	Date	Note
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Library	Date	Note
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Registrar	Date	Note
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For Office Use (To be completed by the Registrar):

Date Returned: ___ White Coat ___ Name Tag
 ___ Mail box key ___ VCOM Passport ___ Other (_____)

Date Notified: ___ NSLDS ___ ARS ___ VT Student Svc