

# Change of Status Form

## ► Student Information

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Eagle ID Number

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Street Address: \_\_\_\_\_

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 Dean.)**

## ► Dean's Approval

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_