School of Nursing Change of Status Form

Name_____
Last First M.I.

Student ID #_____ Degree Program _____

Address/Telephone:_____

Undergraduates:
____Inactive Status*****(NUR 300): Fall 20___ and/or Spring 20___

Graduates:
____Leave of Absence***** (NUR 985): Fall 20___ and/or Spring 20___

Reason for LOA/Inactive Status Request: (If necessary, attach letter from student)
_____

*This category may result in the loss of the student's slot in clinical courses and may jeopardize eligibility for financial aid, loan deferments, and University student health insurance.

The $60.00 fee is waived by the School of Nursing for the first semester of Inactive Status/LOA. Subsequent semesters require a payment of $60.00 for each semester of Inactive Status/LOA.

The $60 Inactive Status/LOA fee will be waived for students taking courses at other institutions if the courses are part of the student's approved degree plan. To have this fee waived, include proof of registration (course schedule or account statement).

Withdrawal from Program: Effective Date: _____
____Transferring to (WT) _____
____Military Service (WS)
____Medical (WM)
____Other (WO)_____
____Administrative Involuntary Separation (WA)

Student's Signature _____ Date _____

Advisor_____ Date_____

Program Director _____ Date_____

Copy: Bursar ___
Financial Aid ____
UHS ____

Revised 2/09