

NOTICE OF CHANGE OF STATUS

Name: _____ Today's Date: _____

PeopleSoft ID: _____ email: _____

Address: _____

CHECK ONE OF THE FOLLOWING AND PROVIDE THE REQUESTED INFORMATION

_____ **JOINT-DEGREE STUDY**

Name of School/Program: _____

Anticipated Date of Return: _____

**THE FOLLOWING STATUS CHANGES REQUIRE THE PERMISSION
OF THE ASSOCIATE DEAN**

_____ **WITHDRAWAL:**
Reason(s): _____

_____ **TRANSFER: Name of School:** _____

_____ **LEAVE OF ABSENCE: Anticipated date of return:** _____

_____ **VISITING STUDENT: Name of School** _____
Length of leave: _____ **One Semester** _____ **Academic Year**

Students who seek to transfer or visit out must notify the Associate Dean of the School of Law of their plans by August 1, or their fall registration will be canceled and they will be charged a fee of \$100 if they do not return. If they subsequently decide to return to the School of Law for the fall semester, they will not be guaranteed registration in any specific Law School courses. They will also be charged a fee of \$125 upon re-registration. Transcripts will not be released until the relevant fee is paid in full.

Approval Signature: _____

Date

RETURN THIS FORM TO THE SCHOOL OF LAW REGISTRAR'S OFFICE